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County Borough of Darlington



ANNUAL REPORT
OF THE
Medical Officer of Health
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
1955

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH
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ANNUAL REPORT, 1955.

To the Chairman and Members
of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1955, being my seventh since I became your Medical Officer of Health.

Vital statistics show little change in the circumstances of the area and health of the people as compared with recent years. The birth rate at 15.3 per 1,000 was slightly higher than in 1954 (14.8), but the death rate of 12.3 per 1,000 was slightly higher also (11.2). The infant mortality rate of 27.4 per 1,000 live births represented an improvement from 28.9 in 1954 and the neo-natal mortality rate, i.e., the number of deaths during the first four weeks after birth, calculated per 1,000 live births, showed an even better improvement of 16.5 from 19.3. The still birth rate, which may be regarded as deriving from the same kind of adverse circumstances as the neo-natal rate, was 19.2 compared with 23.6 for 1954 per 1,000 births, live and dead. These last are satisfactory figures, at least insofar as they indicate a trend towards improvement, but the cause of a good deal of deformity and weakness among the new-born, as also of pre-natal mortality, remains obscure. The pre-natal health of the mother has no doubt a good deal to do with it. The slight leakage in our population, temporarily arrested in 1954, again shows itself and the number of our residents has fallen to 83,560 in spite of an excess of 252 births over deaths. In my Report for 1954, I blamed the new town of Newton Aycliffe for this phenomenon, but whether justly or not I cannot say. There is at any rate no lack of employment here and all Darlington industries remain in an ostensibly flourishing condition. The weekly returns of illness at certain firms and places of employment in the town continue to be made to this department, for which I am very grateful, and we are now in the position from a number of "profiles" derived from years of average incidence of morbidity to assess what the normal expectation of illness in the County Borough is likely to be.

Last year I purposely struck a sombre note in my introductory letter as I wanted to emphasise to you some of the difficulties under which your department operates. They may be briefly summarised under the heading of "Staff and Premises," and a harsh critic might summarise the situation by saying that the functions of your department are discharged by an inadequate staff in wholly unsuitable accommodation. There would be some justice in such a charge and if the situation as it was at 31st December, 1955, is reviewed, several very grave defects of staffing can be recorded.

Health visitor Miss D. W. Hemsted, who left your service on 30th June had been by then replaced by Mrs. E. Allan, who took up

her appointment with effect from 29th December, but during the interim of nearly six months the remaining health visitors were extremely hard-pressed, as Mrs. J. L. Copping had been absent on account of illness during most of the period. You will remember, of course, the permitted establishment in the proposals approved by the Minister of Health under the National Health Service Act, 1946, was 10 health visitors including the Superintendent and Tuberculosis Health Visitor. The maximum establishment you have actually permitted is 8 and at the end of the year the effective strength was only 7. In the sanitary inspectors' section the establishment was also inadequately maintained. The majority of towns of the size and importance of Darlington allow for a larger establishment than 6 inspectors including the Chief and as at the beginning of the year the number employed was 5, with 2 leaving your service and only 1 appointed during the year, you will appreciate their difficulties in the adequate discharge of their duties and the almost inevitable postponement of certain additional responsibilities. I am thinking particularly of slum clearance in this respect and while the Neasham Road No. 2 area was duly in process of clearance, its families rehoused and its houses demolished, no new clearance area was proposed during 1955. It will be understood that certain services cannot go by default, notably those at the Abattoir and at private slaughter houses. A new kind of appointment was made in an attempt to meet some of the worst difficulties and Mr. S. R. Blackbourn was appointed as a housing inspector. Unfortunately, shortly after taking up his duties on 20th June he was away for a long time on account of illness.

In my opinion the most striking defect of all arose from the

sibility of Mr. Price's work, figures when statistically considered, tends to be relegated to a relatively minor place in your estimate. Not only is the actual discharge of this work of vital concern, but an enormous and unexplored potential of community care and indeed of preventive medicine lies ready to hand about which nothing can be done because of lack of available personnel. No-one who makes any sort of study of the subjects discussed at conferences concerned with public health interests can doubt that mental health is the pre-eminent growing point of the whole service at the present time. One of your provisions under this head, to which I should particularly like to draw your attention, is the Occupation Centre, North Road. Since the move was made from "The Poplars" to the present much more appropriate premises, the visitors of the Board of Control have not ceased to urge that further improvements should be made. The first suggestion was the appointment of a properly qualified Supervisor and truly the need of more assistance, whether qualified or not, is great, since the same two notionally part-time welfare workers, who managed in the small beginnings of the Centre at "The Poplars," continue to undertake the care and supervision of the many more defectives

catered for at present. The appointment of such a Supervisor was advertised on two occasions and in the first instance an otherwise suitable candidate withdrew because the amount of annual leave allowed was less than that recommended by the National Association for Mental Health. On the second occasion the persons offered the appointment refused it, having learned more fully the actual conditions of service. Thus at the end of the year the situation remained much as it had been before and on the material side quite a lot of expenditure was still required to improve the amenities of the building. A sum for internal decoration was to be included in the estimates for the next financial year, but the replacement of the linoleum first laid when the building was originally constructed was still postponed. You will recall that as between expenditure on extra staff to assist your Duly Authorised and Mental Welfare Officer, and a Supervisor at the Occupation Centre, I have consistently recommended the former, and would always continue to do so, but this is without prejudice to the undoubted need for additional assistance at the Centre.

Talking about premises leads inevitably to the question of the central offices themselves. I cannot help feeling that the increasing decrepitude of the Public Health Department is not altogether compatible with the importance of the services carried out there, or with the dignity of the town, and the same is even more self-evidently true of the school clinic buildings, which are in addition quite considerably used for public health purposes, e.g., the office of the Duly Authorised and Mental Welfare Officer and the rooms used for the Tuberculosis Contact Clinic and for Mass Miniature Radiography.

I am, of course, aware that plans for new municipal buildings receive periodic consideration, but I would with all respect press the urgency of our need for better office and central clinic accommodation lest during an equinoctial gale or otherwise an untoward eventuality brought the work of your department to an abrupt termination. A criticism not in respect of stability of structure but of suitability for the purpose concerned lies against many of the premises used for your maternal and child welfare clinics, as I have pointed out on previous occasions. It is indeed fortunate that rooms are available, attached to chapels and otherwise, which can be temporarily converted to the purpose of your use. The question, however, of one or more subordinate health centres to form perhaps the nucleus at some indefinite future date of a health centre of the kind envisaged by the National Health Service Act should not be ignored and I am glad that it has been discussed on some occasions in Committee, though to date no definite scheme has been decided or even proposed. Might I suggest the setting up by the Health Committee of some kind of Rota Visiting Sub-Committee, such as exists for the supervision of other departments. You would then be able to see for yourselves and perennially to

refresh your memories from first-hand acquaintance with the matters I have described. We all know that what has lasted a long time may be pressed into service for a few years longer, but sooner or later buildings come to an end of their possible usefulness and a staff of insufficient establishment may find itself unable to cope with additional strains or even with some less urgent routine duties.

In the last analysis, however, the value of a service, particularly one devoted to the welfare and benefit of humanity, depends upon the ability, enthusiasm and hard work of the people who man it. Up to a point your staff in the Health Department take a certain pride in maintaining and extending what they hope and believe to be a not wholly inadequate service and to them all I take this opportunity of expressing my thanks for another useful and withal happy year. To you, Mr. Chairman, Ladies and Gentlemen, I should like to express my thanks for your continued help and interest. If I allow myself in this introductory letter to my Annual Report an occasion to grumble a little, it is only once in the year that I do so and solely in order that your department and all its work shall be as efficient and progressive as we can all possibly make it. There is certainly no want of desire to do so among the staff you employ.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

(at 31st December, 1955).

Alderman A. J. Best, J.P. (Chairman).

Councillor Mrs. M. Lyonette, J.P. (Vice-Chairman).

Councillor F. Alsop.

Councillor A. M. Porter.

" J. E. Angus, J.P.

" J. L. Shaw.

" Mrs. M. Ayre, J.P.

" A. W. Snaith.

" Rev. M. A. Beaton.

" C. Spence.

" W. Cottam.

" F. Stephenson.

" A. Ingham,

" J. W. Stokoe.

M.B., Ch.B.

" A. Summers.

Co-opted Member : Dr. W. W. Forsyth.

STAFF.Medical Officer of Health and
Principal School Medical OfficerJoseph V. Walker, M.D., M.R.C.P.,
D.P.H.Assistant Medical Officer of Health
and School Medical Officer.Annabella McGarrity, M.B., Ch.B.,
D.P.H., D.O.M.S.Assistant Medical Officer of Health
and School Medical Officer.John Fleming Bishop, M.B., Ch B
C.P.H.

Chest Physician (part-time)

... Gilbert Walker, M.B., Ch.B.,
M.R.C.P., D.P.H.

Consultant Venereologist ...

... Edward Campbell, M.B., Ch.B.,
D.P.H.Obstetrician (Registrar) for Ante-
natal Clinics (part-time)

... Jeanne B. Donaldson, M.B., B.S.

Assistant Medical Officer for Child
Welfare (part-time)Mrs. K. H. Odling-Smee, M.B.,
Ch.B., D.P.H.

Principal School Dental Officer ...

J. L. Liddell, L.D.S.

School Dental Officer

... J. McAra, L.D.S. (from 29/8/55).

Public Analyst

... C. J. H. Stock, B.Sc., F.I.C.

Chief Sanitary Inspector

... F. Ward ^{1 2 3}

Deputy Chief Sanitary Inspector

J. R. White ^{1 2 3}

Sanitary Inspectors

... A. F. Theakston ^{1 2} (from 1/9/55).D. G. Warde ^{1 2} (till 31/5/55).F. Gardner ^{1 2 3}E. B. Miller ¹ (from 11/7/55).

Housing Inspector

... S. R. Blackburn (from 20/6/55).

Superintendent Health Visitor
and School Nurse... Miss E. Winch ^{4a 5 6 7}

District Health Visitors

... Miss A. M. McIlwaine ^{4a 5}Miss M. Milestone ^{4a 5 6}Mrs. J. L. Copping ^{4a 5 6}Miss F. E. Smith ^{4a 5 6}Miss M. Dobie ^{4a 5 6}Miss D. M. Hemsted ^{4a 5 6}

(till 30/6/55).

Mrs. E. Allan ^{4a 5 6} (from 29/12/55).

Tuberculosis Health Visitor	...	Miss A. Thornton	^{4a 5 6}
Superintendent Midwife	...	Miss M. J. Gillespie	^{4a 5 8}
District Midwives	...	Mrs. F. R. Hawley	⁵
		Mrs. I. Wilson	⁵
		Miss E. Shaw	⁵
		Miss J. M. Wallidge	^{4a 5}
			(till 30/6/55).
		Miss H. D. Allick	^{4a 5}
		Mrs. O. M. Johnston	^{4a 5}
			(from 18/7/55).
Chief Clerk and Petitioning Officer	...	Hugh R. Kirk.	
Clerical Staff	...	I. Burnley (Senior Clerk).	
		A. B. Cullum	
		E. Cowing (died 8/10/55).	
		W. Brown (from 28/12/55).	
		R. Kelly.	
		Miss G. W. Ruecroft	(Senior Female Clerk).
		Mrs. E. Ward.	
		Miss M. Spence.	
		Miss O. Roberts.	
		Mrs. A. Craig.	
		Mrs. D. Moore	(from 14/2/55).
		Miss E. Black.	
		Miss A. Lumb.	
		Miss M. Hipkiss.	
Mental Welfare Social Worker and Duly Authorised Officer	...	C. W. Price.	
Mental Welfare Social Workers		Mrs. J. Paxton.	
		Mrs. F. Pinchen.	
Handicraft Instructors	...	F. Anderson	(till 31/5/55).
		D. J. Whalley	(from 1/8/55).
		Mrs. M. Hewson.	
Registrar of Births, &c.	...	Cyril Gannan.	
Rodent Operative	...	W. Calvert	
Disinfector	...	W. Hunter.	

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
3. Associate of Royal Sanitary Institute.
4. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Midwifery Teacher's Certificate.

PART I.

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,463.

Resident population (Registrar General's estimate, 1955)—83,560.

Resident population (last census, 1951)—84,861.

Percentage decrease on last census population—1.5%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1956) :—

(a) Dwelling houses	...	...	...	...	25,670
(b) Dwelling houses and shops	...	...	..		675
(c) Licensed premises	...	...	...	...	134
Total					26,479

Rateable value (at 31st March, 1956)—£674,784.

Sum represented by 1d. rate (at 31st March, 1956)—£2,749.

Birth rate per 1,000 population—15.3.

Death rate per 1,000 population—12.3.

Natural increase—252.

Infant mortality rate per 1,000 live births—27.4.

Neo-natal mortality rate per 1,000 live births—16.5.

Stillbirth rate per 1,000 births—19.2

Deaths from notifiable infectious diseases (other than tuberculosis)—5.

Deaths from diarrhoea (under 2 years)—1.

Deaths from respiratory tuberculosis—10.

do. do. non-respiratory tuberculosis—1.

do. do. cancer—173.

do. do. circulatory diseases—498.

do. do. pneumonia and bronchitis—76.

do. do. violent causes—41.

Deaths under four weeks—21.

Maternal deaths—1.

Deaths of persons 65 years and over—64.5% of all deaths.

Deaths of persons 75 years and over—37.0% of all deaths.

Births and Deaths, 1955 :—

Live births—

Legitimate ... 1,188 (males—599 ; females—589).

Illegitimate ... 90 (males— 39 ; females— 51).

Stillbirths—25.

Deaths—1,026 (Males—558 ; females—468).

Death Rate of Infants under One Year.

All infants per 1,000 live births 27.4

Legitimate infants per 1,000 legitimate live births ... 26.9

Illegitimate infants per 1,000 illegitimate live births ... 33.3

Neo-natal death-rate per 1,000 live births 16.5

Stillbirth rate per 1,000 births 19.2

Inquests held—48.

Uncertified deaths—37.

Deaths in institutions—323 (including 51 in institutions outside the Borough. This is equivalent to 31.5% of all deaths compared with 36.5% in 1954).

TABLE I.

Comparable Table of Vital Statistics, 1936—1955.

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
1936	75,500	15.5	14.8	12.7	12.1	58	59
1937	75,620	15.1	14.9	12.9	12.4	58	58
1938	75,930	15.8	15.1	12.9	11.6	56	53
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.5
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9

* Rate Per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II.

Deaths occurred from the following causes :—

CAUSE		WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1	Tuberculosis, respiratory	2	2	1	...	...	1	3	1	...	...	...	10	...	10	
2	Tuberculosis, Other	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
3	Syphilitic disease	...	...	...	...	1	1	...	...	1	...	...	...	3	...	3
4	Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Meningococcal Infections	...	...	...	...	1	...	...	1	...	...	...	...	2	...	2
7	Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other Infective and parasitic diseases	...	...	1	...	1	...	...	1	...	...	...	...	3	...	3
10	Malignant neoplasm, stomach	1	7	1	2	8	2	3	3	...	2	1	30	1	31	
11	„ „lung, bronchus	3	5	2	8	3	6	2	2	2	3	6	42	3	45	
12	„ „ breast	...	...	1	1	1	...	...	...	2	...	...	5	2	7	
13	„ „ uterus	...	2	...	2	...	2	1	...	...	1	1	9	1	10	
14	Other malignant and lymphatic neoplasms	4	5	4	8	8	8	4	10	5	9	10	75	5	80	
15	Leukaemia, aleukaemia	...	1	...	...	...	1	1	...	...	1	...	4	2	6	
16	Diabetes	2	...	...	2	2	2	...	1	...	...	...	9	...	9	
17	Vascular tesions of nervous system	3	5	5	9	2	9	8	3	12	14	7	77	6	83	
18	Coronary disease, angina	9	5	8	10	13	16	6	6	1	12	14	100	10	110	
19	Hypertension with heart disease	...	...	...	...	...	...	...	...	1	...	1	2	...	2	
20	Other heart disease	6	4	7	9	12	7	4	9	10	7	21	96	9	105	
21	Other circulatory disease	19	18	16	15	24	23	6	13	13	21	19	187	11	198	
22	Influenza	...	...	...	...	...	...	...	...	...	...	2	2	...	2	
23	Pneumonia	3	3	1	3	2	5	2	3	...	2	3	27	2	29	
24	Bronchitis	1	6	2	6	3	6	7	4	1	5	4	45	2	47	
25	Other diseases of respiratory system	...	...	...	...	1	2	...	2	1	1	2	9	...	9	
26	Ulceration of the stomach or duodenum	...	2	1	1	3	2	...	...	...	2	...	11	1	12	
27	Gastritis, enteritis, and diarrhoea	...	...	...	...	...	1	...	...	...	1	1	3	2	5	
28	Nephritis and nephrosis	1	...	...	...	1	3	1	2	1	...	1	10	...	10	
29	Hyperplasia of prostate	...	...	...	...	1	...	...	2	...	...	...	3	...	3	
30	Pregnancy, childbirth, abortion	...	1	...	...	...	...	...	...	...	...	...	1	...	1	
31	Congenital malformations	...	...	...	...	1	...	...	...	...	...	1	2	1	3	
32	Other defined and ill-defined diseases	12	22	9	19	13	17	16	10	7	8	20	153	6	159	
33	Motor vehicle accidents	2	...	1	...	1	2	2	2	1	...	1	12	4	16	
34	All other accidents	...	1	...	...	...	2	...	...	...	2	1	6	5	11	
35	Suicide	...	1	1	3	3	2	2	...	1	...	...	13	1	14	
36	Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
TOTALS		68	91	60	101	103	119	70	74	58	91	117	952	74	1026	

TABLE III.

Deaths occurred at the following ages :—

CAUSE	YEARS								
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1 Tuberculosis, respiratory ...	...	...	...	...	1	1	3	4	1
2 Tuberculosis, Other ...	...	...	...	...	...	...	1	...	...
3 Syphilitic disease ...	...	...	...	...	...	1	1	...	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections...	...	1	1	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases...	...	...	...	...	...	1	1	1	...
10 Malignant neoplasm, stomach...	...	...	...	...	...	3	9	11	8
11 „ „ lung, bronchus ...	...	...	...	...	...	4	26	14	1
12 „ „ breast ...	...	...	...	...	...	1	3	2	1
13 „ „ uterus ...	...	...	...	...	...	1	8	...	1
14 Other malignant and lymphatic neoplasms...	...	...	...	...	...	7	35	22	16
15 Leukaemia, aleukaemia ...	...	...	...	2	...	...	2	1	1
16 Diabetes ...	...	...	...	...	...	1	3	2	3
17 Vascular lesions of nervous system...	...	...	...	...	...	...	14	29	40
18 Coronary disease, angina ...	...	...	...	...	...	4	49	31	26
19 Hypertension with heart disease...	...	...	...	...	...	...	...	2	...
20 Other heart disease ...	...	...	...	...	...	3	17	27	58
21 Other circulatory disease...	...	...	...	...	...	4	33	67	94
22 Influenza ...	...	...	...	...	...	...	...	1	1
23 Pneumonia ...	6	1	1	...	...	...	4	9	8
24 Bronchitis ...	...	...	...	...	...	2	11	15	19
25 Other diseases of respiratory system...	...	...	...	...	...	...	5	2	2
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	1	1	9	1
27 Gastritis, enteritis and diarrhoea...	1	...	...	...	...	...	...	2	2
28 Nephritis and nephrosis ...	...	...	...	...	...	2	4	1	3
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	1	2
30 Pregnancy, childbirth, abortion...	...	...	...	...	1	...	...	...	...
31 Congenital malformations ...	3	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases...	25	...	1	...	...	6	15	23	89
33 Motor vehicle accidents ...	...	...	...	2	4	5	3	2	...
34 All other accidents ...	...	1	...	...	1	3	3	1	2
35 Suicide ...	...	...	...	...	...	2	9	3	...
36 Homicide and operations of war...	...	...	...	...	...	...	...	...	...
TOTALS ...	35	3	3	4	7	52	260	282	380

TABLE IV.

1955 Cancer Deaths—Parts of Body Affected.

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	1	...	1	...	1	1	...	...	3	1	2.3
Gastro Intestinal	...	1	3	...	5	2	12	8	15	7	8	12	43	30	42.2
Genito Urinary ...	...	...	...	1	1	5	3	9	3	2	2	1	9	18	15.6
Breast	...	...	...	1	...	1	...	2	...	2	...	1	...	7	4.0
Bones	...	...	...	...	...	...	1	...	1	...	1	...	3	...	1.7
Glands	...	1	...	...	...	...	...	2	...	...	...	...	1	2	1.7
Thorax	...	...	3	1	7	...	17	2	13	2	1	...	41	5	26.6
Skin, etc.	...	...	...	...	...	...	...	1	1	...	...	...	1	1	1.2
Brain	...	1	1	2	1	...	1	...	...	...	1	...	5	3	4.7
TOTAL	2	2	8	4	14	9	35	24	34	14	13	14	106	67	100.0

Commentary. In spite of a gain by excess of all births over deaths of 252 persons, the mid-year population showed a deficiency of 340 as compared with that for 1954. It is difficult to account for the tendency of the population to fall since the census year of 1951, as the town remains prosperous and in full employment. Your Medical Officer of Health has in fact been advised that there would be remunerative occupation for more persons than the present number, but perhaps wage levels are more attractive farther South. From the point of view of public health, a larger population is not wanted until houses are available to accommodate newcomers satisfactorily. The physical size of the town has, of course, extended considerably and during 1955 new houses were occupied in the Firth Moor and Branksome estates as well as in other areas.

Infant mortality again showed an improvement on the previous year. The predominant cause of death among children under one year of age was the complex represented by congenital malformations and premature birth, which represents catastrophe in some form or other during ante-natal life. Theoretically this problem, of which stillbirth is another aspect, should be capable of preventive action; while better ante-natal care and higher nutritional standards have undoubtedly abated it, much less improvement has been achieved than in respect of mortality due to other causes. Among these other, respiratory infection provides by far the most substantial single cause and as the late Professor Sir James Spence and his co-workers have pointed out in their study of 1,000 Newcastle families, such infection remains a considerable cause of morbidity among young children. In all cases where death occurred at home, a report from the health visitor was requested as to social conditions, but in the fortunately small numbers concerned, findings were insufficient for significant conclusions. Table VII shows some new information collected this year on infant mortality. Among older children mortality was small, though the 10 deaths between the ages of 1 and 15 years was 10 too many. Three of them were in theory wholly

preventable, being due to road accidents. Those due to infection represented perhaps an irreducible minority of patients who succumbed in spite of modern methods of treatment to the attack of micro-organisms. Leukaemia, which accounted for two cases, is at present quite incurable and is classed with the neoplastic disorders. It will be noted from Table III that, in all, six persons died of this disease during the year.

With regard to the one case of maternal mortality, it was found that death was not strictly due to pregnancy.

Deaths due to other forms of neoplastic disease (cancer) are shown in Table IV, where the high proportion, 26.6%, of cancer of the lungs and respiratory passages is again outstanding. As you will be aware, a good deal of thought is at present being given to this disease, whose natural history suggests something of an epidemic. In Darlington, as generally, women are much less affected than men, in the proportion of 1 to 8.

Another malady that is causing more deaths each year is coronary thrombosis, a clotting of blood in the vessels supplying the heart as a result of arterial disease. Of the 110 deaths from this cause, 53 occurred before the age of 65 and thus, like cancer, it is a source of loss to the community quite apart from the human factors involved. Coronary disease seems to be a consequence of civilisation and may be associated with over-nutrition with inadequate exercise. The fashionable explanation is to attribute it to the stress and strain of modern living and while this may be a factor, other less flattering elements are likely to be involved.

TABLE V.

Seasonal Incidence of Deaths Under 1 Year, 1955.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	12	6	7	10	35
Measles	...	...	...	...	...
Whooping Cough	...	...	...	...	...
Bronchitis	1	...	...	...	1
Pneumonia (all forms)	1	1	2	2	6
Meningitis (not T.B.)	...	...	...	...	...
Gastro-Enteritis	...	...	...	1	1
Injury at Birth	...	...	...	...	...
Atelectasis	...	...	...	...	...
{ Congenital Malformations	...	2	1	1	4
{ Premature Births	10	1	1	4	16
{ Atrophy, Debility and Marasmus	...	1	...	...	1
Other Causes	...	1	3	2	6

TABLE VI.
Infant Mortality, 1955.

Net deaths from stated causes at various ages under one year of age.

				Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes	Certified	...	...	16	1	4	...	21	7	3	2	1	34
	Uncertified	...	...	...	...	...	...	...	...	1	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	1	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	...	3	2	1	...	6
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...	1	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Congenital Malformations	...	...	...	...	1	1	...	2	...	1	1	...	4
	Premature Birth	...	...	14	...	2	...	16	...	...	...	...	16
	Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	1	...	...	...	1
Other causes	...	...	...	2	...	1	...	3	2	...	...	1	6
TOTAL				16	1	4	...	21	7	4	2	1	35

TABLE VII.
Further Details of Infant Deaths, 1955.

Cause of Death	Place of Death					Total
	Greenbank Hospital	Hundens Hospital	Memorial Hospital	Coniscliffe Nursing Home	Home	
Prematurity ...	13	—	—	—	1	14
Cerebral haemorrhage after precipitate labour ...	1	—	—	—	—	1
Cerebral haemorrhage and broncho pneumonia ...	1	—	—	—	—	1
Marasmus ...	—	1	—	—	—	1
Pyloric Stenosis ...	—	—	1	—	—	1
Congenital malformation ...	—	—	3	1	—	4
Chest infections ...	—	—	4	—	5	9
TOTAL ...	15	1	8	1	6	31

N.B.—Four deaths of Darlington infants in hospitals outside the County Borough are not included in this Table.

TABLE VIII.

Mortality among Children, 1-5 years and Children of School Age.

Causes of Death	1	2	3	4	To'l	5	6	7	8	9	10	11	12	13	14	To'l
					1-5											1-15
Road Accidents ...	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	3
Bronchopneumonia ..	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	2
Septicaemia (Influenzal) ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Meningococcal Meningitis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Meningococcal Septicaemia ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Monocytic Leukaemia ...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2
TOTAL ...	3	1	...	2	6	...	...	...	1	1	..	...	1	1	...	10

PART II.

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following table shows the incidence of infectious diseases and also their disposal to the Isolation Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1955 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted also and are included with "M" cases in the Table.

TABLE IX.
Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Isolation Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	30	...	...	...	3	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	5	...	2	...	4	...	1	...	2	1	...	...
Erysipelas	7	...	...	...	1	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...
Babies with Mothers	25	...	...	...	1	...	...	...	...	...	...	...
Pneumonia	19	...	29	...	1	...	...	...	1	...	...	...
Measles	1409	...	...	...	17	...	...	...	11	2	...	...
Respiratory Tuberculosis	59	...	10	...	26	...	1	...	16	...	...	...
Meningitis T.B.	2	...	...	...	2	...	...	...	2	...	2	...
Other forms of Tuberculosis	5	...	1	...	2	...	...	...	1	1	...	...
Whooping Cough	27	...	...	...	2	...	...	...	5	...	1	...
Para-typhoid	2	...	...	...	2	...	...	...	...	...	...	...
Poliomyelitis	1	...	...	...	1	...	...	...	3	...	...	...
Dysentery	53	...	...	...	4	...	...	...	4	3	...	...
Food Poisoning	24	...	...	...	7	...	...	...	1	...	...	...
Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Conditions	47	...	...	...	34	...	2	...	37	10	...	1
Totals ...	1715	...	42	...	107	...	4	...	83	17	3	1

Commentary. The very great discrepancy between the notified cases of infectious disease and the number removed to hospital will

again strike the observer and illustrates how it is possible to maintain an adequate hospital service for a population considerably larger than that of the County Borough alone by a cubicle block of 18 beds. As has been the experience of previous years, there were times in 1955 when several cubicles were vacant for weeks on end and it has in fact been possible to use one of them for the accommodation of a mentally defective child whose home circumstances are inferior and for whom there is not yet a place at Aycliffe Hospital, in theoretical contradiction of the proper use of the bed. Towards the end of the year, however, a larger number of admissions took place and the problem turned, as is so liable to happen with such limited room, to one of anxiety in face of continued requests for admission. It has in fact been necessary in a few clinically mild cases to request the co-operation of West Lane Hospital, Middlesbrough, which was readily given. This is, of course, primarily a problem for the hospital authority, but may be of interest to readers of this Report.

It will be noticed from Table IX that measles showed a considerable incidence during the year. This disease tends to recur biennially and at present there is no means of immunising against it. The modern anti-biotic treatment, however, has reduced once troublesome complications to a minimum and the virus itself has not seemed of late years to cause very serious effects. No doubt the improved nutrition and general health of the child population goes far to account for this. A few complicated cases were admitted to Hundens Unit, but as will be seen only 1.2% of the total notified. There was only one case of poliomyelitis, interesting because a link was provided among his contacts with South Yorkshire, where, in the Barnsley area, there was a considerable number of patients. No secondary cases arose and indeed the family co-operated extremely well with the recommendations of the Health Department to keep themselves to themselves as much as possible. The patient himself was left slightly lame in one foot. As stated in previous years of low incidence, your Medical Officer of Health can give no promise that this satisfactory state of affairs will continue. The means by which poliomyelitis spreads, or perhaps more accurately by which particular persons become susceptible to the virus to the extent of showing diagnosable symptoms, are unknown and speculation very much exceeds in volume ascertained fact. The most interesting epidemiological event of the year under the heading of infectious diseases was an outbreak in the late summer of enteritis due to *Salmonella heidelberg*. A detailed account of this will be found in Appendix "B" on page 81.

The co-operation described in last year's Report with various firms in the town to keep the Health Department posted with their weekly returns of sickness was continued and your Medical Officer of Health would like to express his gratitude to the welfare departments of the establishments concerned for their most helpful assistance in the matter. As shown by such returns, the health of the town remained satisfactory. The Control of Infection Committee of the Darlington and District Group Hospital Management Committee continued to function and to receive reports at its quarterly meeting from your Medical Officer of Health. Apart from the outbreak of

Salmonella infection, to which reference has been made, nothing occurred of noteworthy significance. A query was raised whether the real purpose of the Committee was being fulfilled by making returns to the Medical Officer of Health of cases of infectious disease who had obviously been admitted to hospital for some other purpose during the incubation period instead of concentrating upon cross-infection of wounds in the surgical wards. Admittedly the latter is the more important question in the present context, but the Darlington Hospital Group seems so far reasonably exempt from drug-resistant strains of sepsis-causing organisms which are presenting a problem in some hospitals and might even lead to a return of something like pre-Listerian conditions.

TABLE X.
1955—Infectious Diseases in Wards.

DISEASE	Harrogate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever	2	3	2	2	6	1	1	3	6	3	1	30
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	4	1	5	3	...	4	...	3	3	2	2	27
Measles	74	142	151	150	74	113	57	132	203	111	202	1409
Poliomyelitis	...	...	...	...	1	...	...	...	...	...	...	1
Paratyphoid Fever	...	...	1	...	...	1	...	...	...	...	...	2
Meningococcal Infection	...	1	...	1	...	...	...	...	1	2	...	5
Pneumonia	2	3	1	5	...	1	...	3	1	1	2	19
T.B. Meningitis	...	...	...	...	...	...	1	...	...	...	1	2
Erysipelas	...	3	...	...	...	...	...	2	1	1	...	7
Puerperal Pyrexia	1	...	...	23	...	...	1	...	...	...	...	25
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	15	11	5	5	...	4	1	...	2	3	7	53
Food Poisoning	3	2	...	...	4	2	...	6	3	4	...	24
Others	3	9	4	6	5	5	2	3	3	3	4	47
Respiratory Tuberculosis	4	12	5	8	4	7	1	4	4	8	2	59
Non-Respiratory Tuberculosis	...	1	...	1	...	1	...	...	1	...	1	5
TOTAL	108	188	174	204	94	139	64	156	228	138	222	1715

Food Poisoning.

In accordance with Memorandum 188/Med. of the Ministry of Health, a return was made of cases of food poisoning and suspected food poisoning in 1955 as follows :—

First Quarter	...	11
Second Quarter	...	Nil
Third Quarter	...	11
Fourth Quarter	...	2
Outbreaks due to identified agents—	Total outbreaks—	2
(2 or more patients)	Total cases	—10
Outbreaks of undiscovered cause	—Total outbreaks—	3
(2 or more patients)	Total cases	—8
Single cases—Agents identified	—1 (Salmonella derby)	
Unknown causes	—5	

Of the two outbreaks attributed to identified agents, 1 (3 cases) was due to staphylococcus and the other (7 cases) to Salmonella heidelberg. The actual incidence of infection due to the latter organism was more widespread in the County Borough of Darlington than these figures suggest, and I propose to submit a more detailed report to the Ministry of Health in due course. The single case

the work of this section of the department. Here, as in some other instances, is a splendid example of satisfactory co-operation between a hospital and a local health authority service. Dr. Walker writes as follows :—

“In his introduction to the paragraphs dealing with tuberculosis in his Annual Report for 1954, your Medical Officer of Health commented on the increase in the number of patients on the Chest Clinic register at the end of 1954, at a time when facilities for diagnosis and treatment were so much improved, and enquired if the incidence of the disease was actually increasing. Consideration of the figures for 1955 gives some grounds for believing that the full impact of modern therapy and prevention is beginning to be reflected in a lowering of the incidence.

It is true that there has been a steady divergence in the curves of incidence and mortality in the past few years, but it should be remembered that advances in treatment affect the mortality in the first instance, whereas improved diagnosis and case-finding inflate the Clinic register figures and give the impression of a rising incidence. Also new cases added to the register will remain there for five years or more, even though the patients have been rehabilitated and are back at work in a much shorter period. It is therefore to be expected that improvements in diagnosis and treatment affect the mortality rates first, then later the total amount of morbidity and only after some years have elapsed will the results be reflected in the Clinic register.

The control of tuberculosis in the community depends upon a number of factors, the most important of which are (a) a good standard of living and housing, (b) early discovery and prompt adequate treatment of persons suffering from the disease and (c) protection of those who are at risk of infection by means of B.C.G.

In respect of housing there is close co-operation between the chest service of the Regional Hospital Board and the Health Department of the Corporation in securing priority of rehousing of tuberculous

families and the deep personal interest of the Medical Officer of Health in such families has been most valuable to us in this matter.

For the discovery of new cases we rely largely on the awareness and good will of the general medical practitioners in the area and the frequent visits of the Mass Radiography Unit. From these sources most

Vaccination against tuberculosis with B.C.G. is done by the chest service in contacts and hospitals staffs, whereas the local health authority undertakes a scheme for voluntary vaccination in school-leavers. The effects of such prophylaxis will be cumulative over a period of years and should lead to the virtual disappearance of meningeal and miliary tuberculosis, but the crucial test of success will be a substantial drop in the incidence of progressive pulmonary tuberculosis in the young adult age group.

In Darlington the notifications of respiratory tuberculosis fell from 90 in 1954 to 63 in 1955. Of the 60 new cases seen at the Clinic 24 were found to be sputum positive on diagnosis and therefore in need of immediate isolation and treatment.

So far as treatment is concerned, reliance has been placed in 1955 on intensive chemotherapy followed by surgical treatment where necessary and there has been a decline in the use of minor collapse therapy such as artificial pneumothorax and pneumoperitoneum.

We were fortunate in having the excellent facilities for thoracic surgery available at Poole Hospital for all patients who required them and close liaison was maintained between the Chest Physicians and the staff at Poole by means of regular clinical conferences at which the problems of treatment of individual patients were discussed.

The following paragraphs give some details of the chest service for Darlington in 1955.

Administration — The Darlington administrative area for the chest services comprises Darlington, Northallerton and the surrounding rural districts in the counties of Durham and the North Riding of Yorkshire.

The medical staff consists of one Chest Physician and one Assistant Chest Physician, who are responsible for the consultative

and diagnostic work at the Darlington and Northallerton clinics and the in-patient treatment of patients in the 100 beds controlled by them.

The contact clinic established by the Corporation is held in the clinic premises at Feethams and is attended by the Chest Clinic team who work in close liaison with the Medical Officer of Health and staff of the Health Department in the prevention, care and after-care functions of the local health authority. All child contacts are tuberculin tested and negative reactors are offered B.C.G. vaccination, whereas positive reactors are X-rayed and retained under supervision.

Beds available to patients in the Darlington administrative area were as follows :—

			Male	Female
Hundens Unit	...	...	4	21
St. Cuthbert's, Croft	...	...	30	—
Friarage Hospital	...	...	—	10
Hollywood Hall Group	...	...	5	5
Poole Hospital	...	...	10	10

As the waiting lists disappeared the beds at Hollywood Hall were little used and also it was not possible to keep all available beds at Hundens Unit filled. The falling demand for beds was general throughout the Region and it was apparent that a reallocation of sanatorium and hospital beds would be necessary. Details of this will appear in a later report.

Notifications—The following Table shows the age and sex distribution of patients notified during the year. The total of 63 respiratory cases compare with 90 in 1954, 86 in 1953, 102 in 1952, 90 in 1951 and 80 in 1950.

TABLE XI.

Age Distribution of Notifications.

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory ...	M.	—	1	4	9	3	6	6	3	32
	F.	—	4	10	6	5	5	—	1	31
Non-Respiratory ...	M.	—	—	2	—	—	—	—	—	2
	F.	—	—	1	1	—	1	—	—	3

Deaths — There were 10 deaths from respiratory tuberculosis compared with 16 in 1954, 10 in 1953 and 11 in 1952. There was one death from non-respiratory tuberculosis, none in 1954, 1 in 1953 and 1 in 1952. Of the 10 persons who died of respiratory tuberculosis, 8 were over 45 years of age.

Age and Sex Incidence—The age and sex incidence of new cases seen at the Clinic is given in the following Table, the figures in brackets being the corresponding figures for 1954.

TABLE XII.

	15—25	—45	—65	65+	Total
Male	7 (9)	11 (18)	11 (18)	1 (1)	30 (46)
Female	11 (7)	12 (18)	3 (3)	— (1)	26 (29)
Children	—	—	—	—	4 (16)
Total	18 (16)	23 (36)	14 (21)	1 (2)	60 (91)

Of the 60 new cases, 24 were found to have T.B. in the sputum.

Of the new cases, 20 were housewives, 15 were employed in some branch of engineering and 9 were clerks. The remainder were drawn from a wide range of occupations."

Mass Radiography—The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners, factories, senior schools and other interested parties, and to organise publicity and the system of appointments. The venue continued to be the School Clinic.

Mr. Walsh writes as follows :—

"The number attending the public sessions at Feethams dropped slightly on the 1954 figure, but this was made good by the number of examinees in the three firms the Unit visited during the year.

I think the most significant feature is the drop in the number of cases of active pulmonary tuberculosis ; 19 at the public sessions and 4 in the factories. Of course, this may be masked by the change in the way statistics are now rendered. No longer do we show cases of "Active" and "Inactive" tuberculosis, but cases requiring "Immediate Treatment," "Close Supervision" and "Occasional Supervision," and it may be that those shown in "Close" and "Occasional Supervision" would have appeared as "Active" cases in the old form of statistics.

Once again doctors' patients showed the highest incidence of active disease, and it is a pity that the number of patients referred for examination by general medical practitioners dropped from 516 in 1954 to 358 in 1955. I had hoped that doctors would have referred more patients to the Unit, particularly as this is the main reason for the Unit making regular visits to the town and circulating medical practitioners in advance with a complete programme for the year.

I should like to take this opportunity of thanking you and members of your staff who helped to organise the attendance of factory employees. The site at Feethams seems to have become the recognised home of mass X-ray in Darlington and I hope it will be possible to continue to use these premises again next year."

TABLE XIII.

Number of MALES X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examination and the Abnormalities discovered.

Examinee Group.	Miniature Films taken.	To Chest Clinic.	PULMONARY TUBERCULOSIS.				NON-TUBERCULOUS ABNORMALITIES.				
			Im- mediate treat- ment.	Close super- vision.	Ocas- ional Super- vision.	Healed no further action.	Pleural abnor- malities.	Bronch- iectasis.	Cardiac abnor- malities.	Thoracic Neo- plasm.	Misc.
Doctors' Patients ...	189	30	2	2	—	5	1	—	—	1	8
T. B. Contacts ...	82	4	—	1	—	1	1	—	1	—	—
School children ...	1,186	7	—	—	—	1	—	—	1	—	—
Adults working with children ...	58	1	—	—	—	—	1	—	—	—	—
General Public ...	3,673	108	5	2	2	25	5	4	5	5	48
Children under 5 years of age ...	35	1	—	—	—	—	—	—	—	—	1
National Service Recruits ...	604	22	1	—	—	3	—	—	1	—	—
TOTAL ...	5,827	173	8	5	2	35	8	4	8	6	57
Factories ...	2,054	31	2	—	2	12	3	1	—	4	16
GRAND TOTAL ...	7,881	208	10	5	4	47	11	5	8	10	73

X-Rayed at School Clinic

TABLE XIII(a).

Number of FEMALES X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examinations and the Abnormalities discovered.

Examinee Group.	Miniature Films taken.	To Chest Clinic.	PULMONARY TUBERCULOSIS.				NON-TUBERCULOUS ABNORMALITIES.				
			Im-mediate treat-ment.	Close super-vision.	Occas-ional Super-vision.	Healed no further action.	Pleural abnor-malities.	Bronch-iectasis.	Cardiac abnor-malities.	Thoracic Neo-plasm.	Misc.
Doctors' Patients ...	169	10	2	—	—	1	1	—	1	—	1
Ante-Natal Patients ...	5	—	—	—	—	—	—	—	—	—	—
T. B. Contacts ...	171	1	1	—	—	—	—	—	—	—	—
School children ...	1,069	17	—	—	3	2	—	1	1	—	2
Adults working with children ...	84	2	1	—	—	—	—	1	—	—	—
General Public ...	3,415	73	7	3	5	11	3	3	7	—	12
Children under 5 years of age ...	26	3	—	—	—	1	—	—	—	—	—
TOTAL ...	4,939	106	11	3	8	15	4	5	9	—	15
Factories ...	2,139	14	2	—	—	8	1	—	2	—	1
GRAND TOTAL ...	7,078	120	13	3	8	23	5	5	11	—	16

X-Rayed at School Clinic

Number of MALES and FEMALES X-rayed at School Clinic showing the number referred to Chest Clinics for Large Films and/or Clinical Examination.

X-rayed on Miniature Film ... 10766

Referred to Chest Clinic ... 279 = 2.59% of total X-rayed

Abnormalities found—Male and Female.

Pulmonary Tuberculosis.

Immediate treatment needed	19 = 0.17%	} of total X-rayed
Close supervision needed ...	8 = 0.07%	
Occasional supervision needed	10 = 0.09%	
Healed—no further action ...	50 = 0.46%	

Non-Tuberculous Diseases.

Pleural abnormalities	12 = 0.11%	} of total X-rayed
Bronchiectasis ...	9 = 0.08%	
Cardiac Abnormalities	17 = 0.15%	
Thoracic Neoplasm ...	6 = 0.05%	
Miscellaneous ...	72 = 0.66%	

TABLE XIV.

Cases of Pulmonary Tuberculosis needing treatment, shown as a percentage of the group in which they were discovered.

Examinee Group.	Total X-Rayed.	Pulmonary T.B.			Percentage of Group X-rayed
		M.	F.	Total	
Doctors' Patients ...	358	2	2	4	1.12%
Contacts ...	253	—	1	1	0.40%
Adults working with children ...	142	—	1	1	0.7%
School children ...	2,255	—	—	—	—
Ante-Natal Patients ...	5	—	—	—	—
General Public ...	7,088	5	7	12	0.16%
Children under 5 years of age ...	61	—	—	—	—
National Service Recruits ...	604	1	—	1	0.16%
Factories ...	4,193	2	2	4	0.09%
TOTAL ...	14,959	10	13	23	0.15%

B.C.G. Vaccination at Contact Clinic—The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the mass radiography unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 87 new contacts were tuberculin tested and 72 children were vaccinated with B.C.G. These figures are additional to those in the scheme for vaccinating school-leavers operated by the staff of the Health Department.

Care Work — The Tuberculosis Care Committee undertake the day-to-day care and after-care of tuberculous families and a summary of the work done appears in the Annual Report of the Committee.

Liaison between the Committee and the chest service was improved during the year by the attendance of the Assistant Chest Physician at the meetings of the Committee.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician before appropriate action was taken to secure priority for re-housing.

Disablement Resettlement Officers of the Ministry of Labour and National Service arranged rehabilitation and vocational training in suitable cases recommended by the Chest Physician.

Patients on the Register—On 31st December, 1955, there were 484 Darlington patients on the Chest Clinic register compared with 501 in 1954, 481 in 1953 and 435 in 1952. Of these, 478 were suffering from respiratory tuberculosis.

The following table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B) and the extent of the disease (1) early, (2) moderately advanced, and (3) advanced.

There were 62 patients written off the register in 1954 as "recovered."

TABLE XV.

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	4	1	—	1	—	1	—	—	—	—	—	—	4	3
„ 15 ...	10	11	—	1	—	3	—	—	—	—	—	—	10	15
„ 45 ...	70	48	19	24	4	4	14	15	32	44	10	18	149	153
„ 65 ...	16	6	25	8	1	2	5	2	41	6	12	2	100	26
Over 65 ...	5	—	4	3	—	—	1	—	4	—	1	—	15	3
Totals ...	105	66	48	37	5	10	20	17	77	50	23	20	278	200

B.C.G. Vaccination for School Children.

The scheme for vaccination of thirteen year-old school children continued in 1955 as in the previous year, when a detailed description of the intentions and findings so far to hand of the survey was given. In general the statistics in 1955 repeated those of the previous year and gave occasion for some difficult epidemiological questions, especially when, in discussing similar arrangements made by colleagues elsewhere, your Medical Officer of Health found that the number of children who were negative to the preliminary tuberculin skin test, i.e., who had had no previous experience of *mycobacterium tuberculosis*, was everywhere substantially lower than in Darlington. On its face value this would seem to mean that tuberculous infection was much more widespread and much more liable to be acquired at an early age than, for instance, in the City of Kingston-upon-Hull, the County Borough of South Shields and Urban District of Stanley, not very likely conclusions. Having regard to these features, it was proposed to institute control tests in 1956, but nothing further was done during the year under discussion. A brief report was submitted to the Health and Education Committees on the above lines.

The findings are summarised in the following Tables :—

30
TABLE XVI.

SCHOOL	Preliminaries			1st Skin Test.					B.C.G.		2nd Skin Test			
	1941 Age Group	Consent Forms	% Acceptors	Positive Reactors	Negative Reactors	Absent	% Positive	% Negative	Attended	Absent	Positive Reactors	Negative Reactors	% Positive	% Negative
Reid Street Girls ...	98	59	60	33	26	—	56	44	26	—	26	—	100	—
High School ...	100	74	74	64	9	1	87.7	12.3	8	1*	8	—	100	—
Gladstone Street Boys ...	122	92	75	73	17	2	81	19	17	—	17	—	100	—
St. Augustine's Boys ...	39	30	77	18	11	1	62	38	11	—	11	—	100	—
Immaculate Conception ...	30	9	30	8	—	1	100	—	—	—	—	—	—	—
Grammar School ...	134	81	61	66	15	—	81.5	18.5	15	—	15	—	100	—
Eastbourne Girls ...	138	89	65	66	21	2	75.9	24.1	21	—	21	—	100	—
Eastbourne Boys ...	148	102	69	88	14	—	86.3	13.7	14	—	14	—	100	—
Albert Road Boys ...	81	58	72	43	15	—	74	26	15	—	15	—	100	—
North Road Girls ...	80	46	58	30	16	—	65	35	16	—	16	—	100	—
St. Augustine's Girls ...	42	36	85	26	10	—	70	30	10	—	10	—	100	—
St. Mary's Grammar ...	24	18	75	15	3	—	83	17	3	—	3	—	100	—
Polam Hall... ..	24	18	75	13	5	—	72	28	4	1*	4	—	100	—
Open Alr School ...	7	4	57	4	—	—	100	—	—	—	—	—	—	—
Barnard Special School ...	4	4	100	3	1	—	75	25	1	—	1	—	100	—
TOTALS ...	1,071	720	67.2	550	163	7	78	22	161	2*	161	—	100	—

*Parents consent to vaccination withdrawn.

TABLE XVII.

Positive Reactors.

School.	Positive Reactors.	Attended X-Ray.	Recalls.
Reid Street Girls	33	4	—
High School	64	63	2
Gladstone Street Boys ...	73	67	—
St. Augustine's Boys ...	18	—	—
Immaculate Conception ...	8	5	—
Grammar School	66	50	—
Eastbourne Girls	66	36	1
Eastbourne Boys	88	84	1
Albert Road Boys	43	24	—
North Road Girls	30	28	1
St. Augustine's Girls ...	26	26	1
St. Mary's Grammar... ..	15	—	—
Polam Hall	13	10	—
Open Air School	4	2	—
Barnard Special School ...	3	3	—
TOTAL	550	402 (73%)	6

PART III.

National Health Service Act, 1946**§ 1. CARE OF MOTHERS AND YOUNG CHILDREN
(Section 22).**

The provisions made under this Section showed the same general pattern as in previous years. They may be summarised as follows :—

(a) Expectant and Nursing Mothers.

The arrangements described in previous reports whereby the Darlington and District Hospital Management Committee make available a Senior Registrar to act as Medical Officer to the Corporation ante-natal clinics continued during 1955 and provided, as hitherto, a fully satisfactory service. Dr. J. B. Donaldson, the Registrar, normally attended the clinics but sometimes was represented by the House Officer. Among the valuable features of this scheme is that it permits mothers who have already booked for confinement at Greenbank Hospital to attend at a Corporation clinic nearer their homes and still be seen by the Medical Officers who will attend them there, and it also makes for ease in recommending social emergencies where confinement at home is for any reason unsuitable by enabling them to be seen, examined and accepted by the hospital doctor at a Corporation clinic. There is still no special arrangement for post-natal examination, which is an undoubted lack in the Corporation scheme, though a certain number of such cases are seen at ante-natal clinics if specially referred for medical advice. Patients who make arrangements with their N.H.S. practitioners, where nevertheless the municipal midwife acts on her own at the actual delivery, should of course receive a post-natal examination as part of the conditions to be fulfilled by the doctor concerned and consequently the lack of formal post-natal facilities may be more apparent than real. There is no doubt about the need for post-natal examination.

The times of the clinics are as follows :—

Attended always by a Medical Officer :

Thursday, 2 p.m.—Eastbourne Nursery School.

Friday, 2 p.m.—Albert Road School House.

Medical Officer attends sometimes or is available at need :

Tuesday, 2 p.m.—Cockerton Methodist School Room.

Wednesday, 2 p.m.—Greenbank Maternity Hospital.

Midwife only in attendance :

Friday, 2 p.m.—Eastbourne Nursery School.

Wednesday, 2 p.m.—Albert Road School House.

The number of expectant mothers attending the Corporation clinics during 1955 was 736 and the total attendances made were 3,703.

(b) Child Welfare.

The following is a list of the baby clinics provided by the local health authority.

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist
		School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist
		School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
	10 a.m.	Eastbourne Nursery School. (Toddlers).
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
Thursday	2 p.m.	Coniscliffe Road Methodist
		School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room.
	2 p.m.	Haughton Church School Room.

In 1955 attendances for the first time of children under one year of age was 889, which was 70% of the notified births during the same period. Total attendances of children under one year of age were 15,990 and of children one to five years of age, 6,227.

The alterations at Eastbourne Clinic to improve the amenities were carried out during 1955 and were found to be satisfactory when applied. No further development occurred in respect of the scheme for improved facilities in the West of the town, about which some observations were made in my Report for 1954. The only addition in the grounds of 72 Woodland Road finally agreed upon was a garage for Miss Gillespie's car, but it had not been completed by the end of the year. The question of a rudimentary health centre in this area was still in abeyance, though the deficiencies of the room at Cockerton Methodist Church used for ante-natal work were still all too obvious.

The Medical Officer of Health and both Assistant Medical Officers take baby clinic sessions and Dr. Odling-Smee gives the whole of her part-time services to this purpose ; 9 sessions in all per week among all officers.

The toddlers' clinic at Eastbourne continues to operate on Tuesday mornings, but is not well attended ; morning is probably an unfortunate time for most mothers to take their families out. Mothers are encouraged to present their children at or near their first and subsequent anniversaries for a yearly check-up, but while a large proportion of one year-olds are so examined, our efforts so far to attract more toddlers to be kept in touch with the clinics have not met with much success.

(c) Care of Premature Infants.

As the following figures show, the majority of premature infants born at home continued to be cared for there. Very small and doubtfully viable premature babies, for instance under 3½ lbs. at birth, have perhaps no chance unless they have the special facilities available in a premature babies' unit at a hospital. In less severe circumstances, however, care at home would seem the obvious course. There is now no midwife specially trained in the care of premature babies, but as little use was made of her specialist services when such a midwife was available, it is not proposed to send another for training to the special course provided at Newcastle.

Total premature births	...	...	...	...	34
Nursed exclusively at home	...	...	...	...	33
Surviving at end of month	...	...	...	...	30

(d) Supply of Dried Milks, etc.

The Corporation scheme for the provision of proprietary dried milks and other items of food at the clinics continued as hitherto without any change. A fairly constant demand remains for all the items distributed under this heading. With regard to the distribution of National Dried Milk, which devolved upon the local health authority from the Ministry of Food in 1954, the details of which are described in the Annual Report for that year, some of the initial difficulties seem now to have been overcome and during the latter part of 1955 the scheme worked without hitch. The M. & C.W. Voluntary Committee, whose workers hitherto had taken some part in distribution at centres, gave notice of dissolution and made it necessary therefore to appoint further paid staff. Mrs. D. Peden was taken on for this purpose with effect from 14th April, 1955, and attends on three sessions per week. At the distribution centre at the Health Department Mrs. D. Moore replaced Miss E. Leonard with effect from 14th February and Miss H. O. Roberts serviced the clinic distribution centres in collaboration with Mrs. Peden. This section of the department works under the supervision of Mr. H. R. Kirk, to whom its efficiency can be largely attributed.

During the period 39,566 tins of Dried Milk, 55,978 bottles of Orange Juice, 10,816 bottles of Cod Liver Oil and 4,305 packets of Vitamin Tablets have been distributed.

(e) Dental Care.

The available service under this heading was increased during 1955 by the appointment of Mr. J. McAra as School Dental Officer with effect from 29th August. It was agreed that he, like the Senior Dental Officer, Mr. J. L. Liddell, should give a notional one session per week to the dental care of expectant and nursing mothers and of children under 5 years of age. As

hitherto, not much use was made of this amenity, and though more children under 5 were treated in 1955 than in 1954, your Medical Officer of Health feels that a good deal of scope exists for development here. The source of reference of patients must be, of course, the Medical Officers at the ante-natal and baby clinics, and if the number of patients they think should be recommended is small there is no further comment to make. The work during the year was as follows:—

Expectant and Nursing Mothers	...	...	6
Children under 5	...	...	44

A note on fluoridation of water supplies and the reaction of Darlington to the proposal that the authority should co-operate in a scheme in this respect is described in Appendix "A" (page 78).

(f) Care of Unmarried Mothers and their Children.

The local health authority has continued to support St. Agnes' Home, Duke Street. This establishment belongs to the Durham Diocesan Moral Welfare Society and is prepared to assist all mothers in difficulty because of an illegitimate child. As may be expected, the majority of mothers accommodated at St. Agnes' Home come from areas outside Darlington, for the most part from other parts of County Durham. The work of Mrs. E. Featherstone, the Superintendent of the Home, is not, however, confined to looking after the inmates and during 1955 she made arrangements in respect of 44 out-door cases in the County Borough itself, finding accommodation for them in institutional homes elsewhere or otherwise solving their problems. If some query is felt as to whether the Council should support, to the extent of an annual contribution of £350, a home that caters in practice for young women normally resident in other areas, it may be remembered that there is a reciprocal care for Darlington people outside the town. No charge is ordinarily made to this authority on their behalf and, in return, no charge is made to their home authorities for expectant mothers accommodated in Darlington.

The work carried out at St. Agnes' Home may be summarised as follows: Fifty-three mothers with their babies were accommodated during 1955. Fifty-two were unmarried mothers and one was a married woman with an illegitimate child. Forty of the expectant mothers went to Greenbank Hospital for their confinement and in respect of thirteen other arrangements were made. With regard to the later history of the babies, thirteen were kept by their mothers, the others being placed in Homes or for Adoption.

A small and occasional amount of work is done on behalf of the mothers of illegitimate children in Darlington by the Hexham and Newcastle Diocesan Rescue Society. Up to the present the local health authority has not seen fit to make any contribution to this Society.

§ 2. DOMICILIARY MIDWIFERY (Section 23).

Miss Gillespie, Superintendent Midwife, writes as follows. Your Medical Officer of Health would like to indicate his full endorsement of all she says.

"The staff of the domiciliary service remains as before, four district midwives and one relief midwife. The Superintendent resides at 72 Woodland Road along with one district midwife. Miss J. M. Wallidge left the service in June, 1955, and the vacancy thus created was filled by Mrs. O. Johnston.

It was hoped during the year to introduce parentcraft classes to small groups of primigravid patients. The simple equipment needed to start such classes, however, was not made available to me, so that the plan had to be abandoned. I find such teaching almost impossible at busy ant-natal clinics staffed by one midwife with the assistance, when possible, of a pupil midwife. Even if time did permit I feel that it would be an unwise practice to prolong the afternoon ante-natal clinic sessions, as many of the patients have to get home for children returning from school. Parentcraft teaching, in the main, is for the benefit of primigravid patients and some second gravae. A special session set aside for this group would be the most satisfactory way of introducing such teaching. The pupil midwife teaching programme remained unchanged. Public health lectures were given by Dr. Walker, those on venereology by Dr. E. Campbell and case discussion and tutorials by myself. Six pupils entered for the Part II examinations and were successful.

Miss Drage, Technical Advisor from the Ministry of Health, visited the Midwives' Home in November, 1955. She was particularly interested in the development of ways and means of reducing the perinatal mortality. She visited two ante-natal clinics and also saw some of the work of the domiciliary midwife in the patient's home. Miss Z. M. Goodall, from the Central Midwives' Board, carried out a routine inspection of domiciliary work in February, 1956.

The work of the ante-natal clinics is expanding. Blood is now taken for haemoglobin examination as well as routine grouping, Kahn, Wassermann and Rhesus, investigations. Weighing of all patients is still not possible, one clinic being without a weighing machine, but where this is possible it is carried out. The danger of rapid weight gain during pregnancy is fully appreciated, and I hope in the near future to be provided with the means of weighing all patients. Efforts have been made during the year to select more carefully patients for home confinement. This, however, has not been an easy task and the patient most in need of hospitalisation, the multipara with three or more children is the one most anxious to remain at home because of a young family.

During the year the total number of domiciliary confinements was 350. There was one maternal death, rightly described, I think, as unavoidable, cerebral tumour. This patient was in hospital for a time, but was discharged home for delivery. Labour was easy and uncomplicated and a healthy living female of 7½ lbs. was born.

Seven and a half hours later the patient died suddenly. There were 7 stillbirths, an incidence of less than 2%. It is possible that some of this loss of foetal life could have been prevented, had the patients been in hospital.

The Central Midwives' Board have approved machines for the administration of Trilene analgesia by the midwife. As these machines have not been made available to the domiciliary midwife, gas-air analgesia and Pethidine continue to be used.

The number of domiciliary patients attending for post-natal examination is increasing and, as before, I am grateful to the general practitioners for letting me have post-natal reports.

I would like to thank the district midwives for their help in the training of pupil midwives and for their work during the past year.

Much work in the domiciliary midwifery service remains to be done. Some progress has been made in the past year, but owing to limited ante-natal facilities progress must remain restricted. The work carried out during 1955 is summarised as follows":—

Gas and Air Analgesia :

	1952	1953	1954	1955
Number of patients using it ...	183	260	241	225
Percentage of total domiciliary confinements	55	75	68	64

Pethidine :

Number of patients using it ...	143	217	193	135
Percentage of total domiciliary confinements	43	63	54	38
Total domiciliary confinements ...	334	347	355	350

	Cases attended as Midwives			Cases attended as Maternity Nurses		
1949	...	...	292	...	...	152
1950	...	...	290	...	...	141
1951	...	...	254	...	...	139
1952	...	...	270	...	...	64
1953	...	...	299	...	...	48
1954	...	...	310	...	...	45
1955	...	...	319	...	...	31

§ 3. HEALTH VISITING (Section 24).

The Superintendent Health Visitor, Miss E. Winch, writes as follows :—

During the year the work of this section of the Health Department was much restricted on account of illness and shortage of staff.

The permitted establishment of 8 remains less than what was approved by the Minister of Health in proposals made under the National Health Service Act, 1946, and was still subject to the additional strain incurred in 1954 when the Senior School Nurse who retired on superannuation was not replaced. Her duties were assimilated to those of your Superintendent Health Visitor. This year there was a vacancy for six months between the resignation of Miss Hemsted and the appointment of Mrs. Allan, while another member of the staff, Mrs. Copping, was away ill for almost the whole of the year. In spite of these disabilities, however, the staff worked well and no routine duties were neglected, though it was impossible to make any extension of work into the field of geriatrics and mental health of families as was earnestly desired. Some have suggested that in circumstances such as these, selective visiting should be made, but in my opinion it is necessary for the health visitor to be available to advise all members of the families in her area irrespective of age and family circumstances, so that her confidence is gained by all categories of persons who may possibly need her help. It is impossible to gain this confidence more effectively than by visiting on behalf of infants and young children. A considerable handicap, particularly in respect of group health education, is found in the poor premises available for the use of the clinics. Facilities to give health talks to mothers collectively as well as individually would be a great help and we should like access to more teaching material, particularly a portable sound projector. A good many valuable films with sound tracks are at present available on health subjects.

At the request of the County Medical Officer of Health for Durham, we accepted ten health visitor students for two weeks' experience in a County Borough, and at the request of the Royal College of Nursing we entertained Mrs. M. Hamilton, Public Health Nurse Supervisor from Jamaica, who was in this country on a year's scholarship course. We were asked to take her for two weeks to enable her to further her study of public health administration, and Mrs. Hamilton was successful in the examination she subsequently sat, as well as being most appreciative of what she saw with us.

The following Table shows the work of the health visitors during the year and the total number of visits may be compared with that of 19,549, which is the total for 1954.

TABLE XVIII.
Work of Health Visitors.

				Total Visits
Expectant mothers	...	...	...	306
Infants under 1 year	...	...	...	4,123
Children 1 to 2 years	...	...	...	2,555
Children 2 to 5 years	...	...	...	7,722
Miscellaneous Visits	...	...	...	511
Tuberculous Patients	...	...	...	1,144
				16,361

§ 4. HOME NURSING (Section 25).

The agency arrangements described in previous years continued to operate during 1955 and the Darlington Queen's Nurses' Association administered an establishment of nurses consisting of 9 whole-time and 3 part-time nurses under a Superintendent. The premises of 68/70 Woodland Road continued to offer more accommodation than strictly speaking was required, owing to the preference of many nurses to live out. There is still no formal arrangement for nursing visits at nights, but late calls up to 10 p.m are made as occasion demands, a rota being kept for this purpose so that every nurse has her turn of late evening duty.

The relations between the Health Department and the Superintendent, Miss C. Beckett, remain as excellent as ever and could not be improved if she were a directly employed member of your staff. At the same time your Medical Officer of Health feels that the agency arrangement serves no sufficiently good purpose to retain it. The Corporation pays the whole of the cost of the service, leaving intact the funds acquired by the Association in past years and which are presumably held in reserve for capital improvements as and when necessity arises. It would seem, therefore, that the time is ripe for the local health authority to take complete control of district nursing at an early date, not because this is required to improve its efficiency, but as the natural fulfilment of a trend in progress since the Appointed Day. As a firm believer in voluntary service extending even into the field of medical amenities, your Medical Officer of Health may seem to contradict himself in proposing this policy, but he would refer again to what he has already said, that the whole of the costs of the service are reimbursed by the Council, and it is difficult to define precisely what additional element of value is contributed by the fact that administrative details are discussed by a Voluntary Committee.

The work of the year is summarised as follows, where it will be seen that a total of 1,394 cases were attended in 37,075 visits, as compared with 1,261 cases for last year.

TABLE XIX.

Analysis of Visits.

	Under 5	5—25	25—45	45—65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	1	3	2	6	4	16	170
Tuberculosis	1	12	37	34	10	94	3399
General Diseases—							
Cancer, all sites	—	1	8	32	38	79	2230
Diabetes	—	—	—	14	28	42	6273
Anaemia	—	—	5	14	36	55	1691
Diseases of the Alimentary system—							
Tonsillitis	—	5	14	3	—	22	125
Appendicitis	—	4	1	2	2	9	68
Constipation	1	8	14	20	70	113	750
Threadworms	—	1	—	—	—	1	3
Other diseases	5	11	18	19	12	65	922
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	6	28	121	155	4481
After effects of Apoplexy	—	—	1	16	106	123	3649
Disease of Veins	—	—	1	3	5	9	195
Gangrene not due to Diabetes	—	—	—	2	3	5	149
Diseases of the Respiratory system—							
Bronchitis	2	5	19	56	60	142	1799
Pneumonia	3	5	10	12	30	60	681
Pleurisy and Empyema	—	1	4	6	5	16	174
Asthma	—	1	3	1	4	9	201
Diseases of the Central Nervous System	—	—	3	2	4	9	131
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	2	6	17	25	1473
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	1	—	—	1	2	13
Diseases of the Bladder, including Lavage	—	—	—	3	16	19	1093
Abortion	—	3	9	1	—	13	131
Various Dressings, including Mastitis	—	13	18	4	20	55	575
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections ...	1	9	17	28	26	81	1450
Dermatitis and Eczema	—	1	1	2	2	6	163
Surgical Conditions—							
Burns and Scalds	7	1	3	2	4	17	387
Fractures and Injuries	1	3	1	3	17	25	739
Post-operative dressings	—	1	5	8	12	26	551
Minor Operations	2	1	—	1	1	5	200
Senility	—	—	—	1	88	89	3130
Unclassified	—	—	2	—	5	7	79
Total Cases	24	90	204	329	747	1,394	—
Total Visits	310	1297	3,576	9,095	22,797	—	37075

TABLE XX.

Analysis of Patients and Visits Paid, 1949 and 1955.

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1955	24	310	13	90	1,297	14	204	3,576	17

	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1955	329	9,095	28	747	22,797	30	1,394	37,075	27

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

The second of the above two Tables has a particular interest, since the Ministry of Health is concerned with the number of visits paid to children under five years of age. Actually the demand for attendance on younger patients in this age group is very small, and the possibility has to be reviewed whether greater use might not be made of the district nursing service in this context with a consequent improvement of infant mortality. There is no obvious defect in this respect whose remedy is clearly called for, but the matter is worthy of study and is receiving attention. Once again, as hitherto, the needs of older patients made the outstanding demand on the service. Another consideration in which the Ministry of Health is interested is the amount of time devoted solely to the giving of injections. This is a service which in theory at least many patients could give to themselves or receive from another member of their family, and it might seem rather wasteful of the time of a fully trained nurse to use it to make perhaps a long journey to give nothing more than a dose of insulin or of an antibiotic. A spot check was made on a particular day, 19th December, 1955, to observe what was happening. On that day 20 visits were paid to 18 diabetic patients for the purpose of insulin injection and 32 visits to 27 patients to give antibiotics. On this day a total of 82 visits were made to 75 patients, from whence it appears that 63.4% of all visits were paid solely for the purpose of giving an injection and 60% of all patients were visited for the same purpose. Whilst at first sight this seems an excessive allocation of time for the purpose in many instances alternative arrangements do not seem to be practicable and your Medical Officer of Health has no comment to make beyond recording the facts.

§ 5. VACCINATION AND IMMUNISATION (Section 26).

The same procedure with regard to propaganda in favour of vaccination against smallpox and immunisation against diphtheria continued through 1955 as was described in the Annual Reports for the previous year. Use is made of Birthday Cards as reminders to the parents of all children who have not been immunised against diphtheria on attaining the age of one year. The Health Department has, of course, a fairly complete and accurate knowledge both of the children at risk and of the immunisation carried out by the notification of births on the one hand and by the records sent in from general practitioners and from the Corporation baby clinics on the other. There is a still further check through the amount of antigen (A.P.T.) issued, which is supplied to family doctors and to clinics alike from the Central Office of the Health Department. Health visitors pay further visits to defaulters at a reasonable interval after the receipt of the Birthday Card reminder.

The Ministry of Health, as is now customary, drew attention in the early part of the year to the possibility of an intensive propaganda campaign, including local advertisements in the press and the exhibition of slides at cinemas. Press notices are in fact centrally arranged and local health authorities informed of the proposal, so that they can supply local details, and no such proposal was implemented during the year. Your Medical Officer of Health is of the opinion that very little greater effect would be likely to be achieved by such a campaign than by the methods of contacting at present in operation. Diphtheria is no longer feared by the average family and figures for children immunised are probably better than they would otherwise be because of the combination of pertussis vaccine with the diphtheria antigen. Whooping cough still remains, of course, a common and distressing malady and parents are anxious to protect their children against it if possible. By this means immunisation against diphtheria is introduced as it were as a secondary consideration and the figures remain much as in previous years, by no means as good as they should be, but at least holding their own.

Somewhat similar arrangements are in being in respect of vaccination against smallpox. Health Visitors undertake personal propaganda at the clinics and a reminder, "A Message from your Medical Officer of Health," is sent to parents of all children who are not vaccinated at the end of their fifth month. A special clinic for vaccinations is held on Tuesday afternoons and facilities are also available at the baby clinics by arrangement.

Primary Immunisation of Children under 15 years of age.

	Local Authority		General		Total
	Clinics		Practitioners		
1949	...	841	...	238	1,079
1950	...	683	...	197	880
1951	...	742	...	251	993
1952	...	869	...	209	1,078
1953	...	827	...	197	1,024
1954	...	937	...	195	1,132
1955	...	875	...	159	1,034

TABLE XXI.

Immunisation Against Diphtheria.

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	672	149	821	306	4	310
to 14 years ...	203	10	213	447	35	482
TOTALS ...	875	159	1,034	753	39	792

TABLE XXII.

Vaccination Against Smallpox.

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated ...	137	5	9	2	8	161
	Re-vaccinated ...	—	—	3	2	15	29
General Practitioners	Vaccinated ...	54	5	6	8	51	124
	Re-vaccinated ...	—	—	2	8	57	67
TOTALS ...		191	10	20	20	131	372

TABLE XXIII.

Immunisation and Vaccination : Comparative Figures.

	1949	1950	1951	1952	1953	1954	1955
Immunisation, Children under 5 years ...	844	722	860	827	725	875	821
Immunisation, Children 5 — 15 years ...	235	158	133	251	299	257	213
Vaccination, Infants ...	125	207	201	219	304	264	221

TABLE XXIV.

Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 year.	1—4 years.	5—14 years.	
Health Department	357	246	1	604
General Practitioners	41	8	5	104
TOTAL	398	304	6	708

Inoculations against Tropical Diseases.

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 71 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	...	...	54
Cholera	...	...	17

Yellow Fever inoculations are obtained by appointment at the Central Clinical Laboratory, Middlesbrough.

§ 6. AMBULANCE SERVICE (Section 27).

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the seven completed calendar years since the Appointed Day are as follows :

				Number of Patients	Mileage	
1949	...	...	...	18,239	...	112,462
1950	...	...	...	20,447	...	100,502
1951	...	...	...	20,753	...	114,324
1952	...	...	...	20,564	...	107,154
1953	...	...	...	23,706	...	125,265
1954	...	..	...	26,338	...	121,269
1955	...	...	...	29,278	...	132,921

From this it will be seen that there is a tendency for the use of the service to increase and though public means of transport are recommended where possible, the majority of doctors prefer to issue certificates for their patients to travel by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. The question of the possible abuse of the ambu-

ulance service remains always under consideration. In the first place this is an amenity for which the local health authority pays, but which is in effect completely controlled by the hospitals and by the general practitioners. In other words, here is an example of him who pays the piper not calling the tune. At various times suggestions have been made that the ambulances should pass to the control of the hospital authorities and logically this would seem a proper step, since they are almost entirely employed in transporting patients to and from hospital and they have nothing to do with preventive medicine and very little with community care and rehabilitation. It might be said in fact that the only service discharged by your ambulances on your own behalf is the conveyance of crippled patients to the handicraft centre, which must obviously take second place where emergencies of acute sickness or accident supervene. Under the efficient management of the Chief Officer of your Fire Brigade, and thanks to his staffing arrangements, your Health Department is entirely relieved of all administrative responsibility for the ambulance service and here is an example of an agency which your Medical Officer of Health has no desire to see determined.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

Tuberculosis.

The general scheme of co-ordination between the Chest Physician and the Health Department, which finds its focus in the Tuberculosis Health Visitor, has already been described. The statutory duties of the local health authority to ensure the community care of tuberculous patients are carried out by a voluntary Tuberculosis Care Committee, whose Chairman is the Chairman of the Health Committee, and whose Secretary is the Medical Officer of Health. An annual subscription is paid by the Council to the support of its work and other methods are adopted to raise money from the public, such as the sale of the seals provided at Christmas by the National Association for the Prevention of Tuberculosis, by the holding of concerts and dances and by canvassing among interested groups of the population. The Committee consists of members of the Council and of representatives of various voluntary charitable organisations, and certain members divide the town between them, making themselves responsible to visit the registered patients in their area. As recommended by the Chest Physician, such patients may receive a free allocation of one or two pints of milk per day, paid for out of the funds of the Committee. In making this distribution the Committee is advised by the Chest Physician as to the clinical need of the patient and investigates his financial position. Problems of employment, domestic situation, etc., which may trouble patients can be discussed with their Committee member and brought to the Committee, which is attended by the Medical Officer of Health (*ex officio*) and by the Tuberculosis Health Visitor. It will be remembered that other agencies, notably the National Assistance Board, play a major part

in the community care of tuberculous patients so that the Care Committee discharges its function as much by putting patients in touch with other sources of help as by its actual executive functions. The visits made by members to patients in their own homes have also a psychological value in maintaining the assurance of continued interest and available help.

Certain patients, both ambulant and bedfast, are assisted through the Corporation's handicraft scheme, which is described below.

Illness Generally.

The principal provision under this heading remains the handicraft instruction centre held in the South wing of the one time day nursery premises facing North Road. Mr. F. Anderson resigned with effect from 31st May, 1955, having obtained a post under the Welfare Committee as blind instructor, and his place was taken by Mr. D. J. Whalley from 1st August. During the interval your part-time instructress, Mrs. M. Hewson, kept the centre and its clientele together in a highly satisfactory manner, and, since his arrival, Mr. Whalley has been very keen to extend its scope by attracting more handicapped persons to it. The existence of the centre has been brought to the notice of the practitioners of the town by reference in the weekly bulletin on more than one occasion, but it has to be admitted that few additional patients have been sent to it. There are likely to be a number of chronic sick and long-term convalescent patients who might find the diversional therapy practised at the centre useful to their condition, psychologically if not physically, but it is clearly impossible to supply their needs until their existence is known, and once again practitioners are requested to keep the centre in mind.

The work may be summarised as follows :

Attendance.

Men	..	...	...	...	...	45
Women	...	...	...	...	...	30
Attending Centre only	...	...	...	...	...	46
Assisted at home only	...	...	...	...	...	24
Both at Centre and home	...	...	...	...	...	5

Disabilities of Patients.

Suffering from pulmonary tuberculosis	...	27
Suffering from non-pulmonary tuberculosis	...	3
Diseases of the heart and blood vessels	...	3
Arthritis deformans	...	7
Epilepsy	...	1
Amputations, after-effects of operations and injuries	...	11
Mental defectives (from Occupation Centre)...	...	10
Other conditions	...	13

Handicrafts.

Cane work	...	...	...	...	...	20
Basket work	...	...	...	...	...	4
Leather work	...	...	...	...	...	5
Seagrass stool seating	...	...	...	...	...	12
Knitting	...	...	...	...	...	11
Weaving	...	...	...	...	...	6
Needlework of various kinds	...	...	...	...	...	13
Rug-making	...	...	...	...	...	6

Other handicrafts included jewellery, toy-making, lampshade-making, dress-making, woodwork and shoe repairing. Several patients, of course, occupied themselves with more than one handicraft.

Your Medical Officer of Health would like to repeat the sentiments he expressed in the last paragraph of this section of the Report for 1954. The need for a comprehensive scheme for the community care of the handicapped and chronic sick remains as necessary as ever, but like so much else its full scope cannot be appreciated until sufficient information is to hand of the actual incidence within the community of the sort of defects whose sufferers might benefit. As a very small contribution in this direction an enquiry was made during the year, asking practitioners to make a return of patients in their practice suffering from disseminated sclerosis. This is, of course, a chronic nervous disease of slow but irreversible process, though characterised by long periods of remission when symptoms may almost completely disappear. Rehabilitation to make the most of such powers as remain would be of obvious benefit in a malady of this sort and it was found that several practitioners knew of one or more such cases in their practice. Only one patient with this diagnosis is, however, included in the above attendance figures. Opportunity has not so far permitted the compilation of a register of handicapped persons including therein all conditions under this heading, but it remains an objective of your Medical Officer of Health.

§ 8. DOMESTIC HELP (Section 29).

The routine work of this section continued during 1955 as in the previous year, the number of applicants and of Home Helps on the register being much the same as hitherto. It cannot be said that the work of the department under this heading is either expanding or contracting, which gives some reason to suppose, since your Home Helps are everywhere well received, that a fairly constant need is being adequately met. Miss Lumb continued to act as your Organiser with the unobtrusive efficiency remarked upon in earlier Reports. The work carried out in 1955 may be summarised in the following Table :—

TABLE XXV.

Type of Case	Number of cases	Number of hours worked
Maternity Cases (including expectant mothers)	38	1,944½
Tuberculosis	7	1,001½
Chronic Sick (including aged and infirm)	364	43,106½
Others	47	3,803½
TOTAL	456	49,855½

The establishment on 31st December was 8 full-time and 27 part-time Helps, comparing with 16 full-time and 27 part-time Helps on 31st December, 1951, when help was given to 453 cases.

In the above Table, the distinction shown in previous years between chronic sick and what was designated uncomplicated old age has been abolished and the latter category assimilated into the former. The net result of the changed classification is to show even more overwhelmingly than hitherto the amount of time and service given to the needs of long-term cases. In this connection it may not be possible to regard the relatively stable state of this service as wholly satisfactory, since one aim of municipal home help should be to enable a larger proportion of aged and chronic handicapped persons to be looked after at home, with or without the additional assistance of relations. Though from a ratepayer's point of view, the Home Helps constitute an expensive service, it is far cheaper to supply quite copious help at home for which no adequate return is made than to accommodate an elderly and ailing person in hospital. Much more important than that, of course, is the fact that the majority of such persons prefer to remain at home if it is at all humanly possible for them to do so. The fact that under the National Health Service Act the Home Help Service was left something of a poor relation may be an example of the hospital obsession of the planners of the period when the Act was under consideration.

During 1955 an attempt was made to recruit a panel of sitters-in, who would be prepared to spend the night with persons in need of such attendance without any commitment to undertake any specified duties or nursing care. A list of names of satisfactory persons was drawn up, but no need to make use of their services in fact arose. From the point of view of the Corporation this was an entirely unofficial activity, since any payment for services rendered was to be made by mutual arrangement between the user and the sitter-in. It was pleasant to find that the majority of the latter were prepared to give their services free.

§ 9. MENTAL HEALTH SERVICE (Section 51).

During 1955 quite a lot of thought was given to the problems presented for the efficient conduct and expansion of this service, but it has to be admitted that very little was achieved. With regard to staff, for instance, the position was rather worse on 31st December than it had been on 1st January, this being due to the tragic and untimely decease of Mr. Ernest Cowing, who, for some months prior to the onset of his final illness in August, had been acting as Relief Duly Authorised Officer with success and great promise. Mr. Cowing's official position was, of course, Clerk in the sanitary inspector's section, but he had expressed a desire to widen his experience with prospects of later promotion. During the remainder of the year your Mental Welfare and Duly Authorised Officer, Mr. C. W. Price, had no relief assistance whatsoever and carried single-handed his many and onerous duties. The question of his car allowance was also decided in the negative, thereby curtailing his available time for the service of the Corporation. When this and other matters relating to work in connection with mental health are discussed in Committee there is sometimes a tendency to question whether as much is involved as your Medical Officer of Health insists to be the case. The statistical returns do not in fact give anything like a complete picture of the time taken in a service which of its nature cannot be hurried and requires a very careful cultivation of public relations. Mental Health is undoubtedly a major growing point of preventive medicine and whilst it is a matter extending very much outside the range of the Health Department, and of the discipline of medicine itself, the contribution to be made by the mental welfare service administered by your Committee should be of major importance, and you have in Mr. Price an officer well able to develop it. Even he, however, needs regular times of relief when he is not available on call and all the facilities of help that can reasonably be given him. The service given to general practitioners in Darlington in respect of patients suffering from unsoundness of mind is actually more expeditious than the law, as it stands, demands, for the Duly Authorised Officer has by Statute three days in which to investigate, decide about and deal with a patient suffering from alleged psychosis. In point of fact your department aims at dealing with every case as soon as reported and would not increase its prestige with the general practitioners of the town were the delay allowed by the law to take effect.

Turning to the question of mental deficiency, opportunity for development of the service is much less considerable under this head, but is still large enough, particularly concerning the Occupation Centre. Following strong representations from visitors of the Board of Control, to which the Principal Regional Officer of the Ministry of Health gave his support at a meeting convened between your Chairman, Vice-Chairman, himself and a visitor of the Board, the Council resolved to advertise for a qualified Supervisor and a sum sufficient to cover her salary was included in the estimates for 1955/56. A suitable applicant was appointed, but, as a married woman, she wished to receive the holiday allowance recommended

by the National Association for Mental Health, which you did not feel able to grant. In consequence she withdrew from the post and on the occasion of a second advertisement no appointment was made. Thus at the end of the year the staff situation at the Occupation Centre was nominally the same as hitherto, though the training programme had been altered and improved in accordance with suggestions made by Board of Control visitors. The Darlington Branch of the National Society for Mentally Handicapped Children showed throughout the year a keen interest in the centre and have given practical expression by gifts in kind and by constructive proposals. In spite of the admitted need of better facilities at the centre you accepted, however, after the second failure to make an appointment, my contention that if only one addition were to be made to the staff attached to this section of your department, he should be a full-time Assistant Welfare and Duly Authorised Officer and not a Supervisor for the centre. The latter, however excellent her work might be, could not by the terms of her appointment be used for what is your major need.

The work of the Talbot Club has carried on as in previous years to the satisfaction of all concerned and has again attracted commendation by the visitors of the Board of Control.

The statistical summary of the work of the year is as follows.

Lunacy and Mental Treatment Acts, 1890-1930.

	1952	1953	1954	1955
Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients) ...	45	64	50	92
Patients dealt with under Section 5, Mental Treatment Act (Temporary Patients) ...	1	2	3	2
Patients dealt with under Section 6, Lunacy Act (Petition) ...	—	1	—	—
Patients dealt with under Section 11, Lunacy Act (Urgency Order) ...	—	—	1	3
Patients dealt with under Section 15, Lunacy Act (Certification) ...	—	—	—	1
Patients dealt with under Section 16, Lunacy Act (Certified Patients) ...	21	24	30	34
Patients dealt with under Section 20, Lunacy Act ...	—	—	—	4
Patients dealt under Section 21, Lunacy Act ...	—	1	3	2
Patients dealt with under Section 4, Criminal Justice Act ...	—	2	1	1
Patients dealt with under Section 24, Criminal Justice Act ...	2	1	—	—
Other Patients (not certified, transferred, etc.) ...	40	37	35	31

Mental Deficiency Acts, 1913-1938.

			1952	1953	1954	1955
Mentally Defective persons ascertained	...	...	18	15	18	15
Mentally Defective persons awaiting vacancies in institutions at end of year	...	...	14	17	21	20
Mentally Defective persons under guardianship	...	...	3	3	2	2
Mentally Defective persons under statutory supervision	...	...	105	105	107	98
In training :						
At Home	...	...	1	1	—	—
At Occupation Centre	...	...	32	35	37	32

PART IV.

National Assistance Act, 1948 (Part III)

In my Annual Reports for the last two years I have included a very comprehensive and valuable survey of the work of the Welfare Department contributed by the Chief Welfare Officer, Mr. A. J. Shaw. In the interest of economy I have not asked Mr. Shaw to supply a similar report for 1955, not because the matters reviewed are without interest from the point of view of public health, or irrelevant to the work of the Health Department, but simply to shorten the total length of a book published at the expense of the ratepayers. It has, however, been customary for many years to include a note of the number of blind persons on the Register, because in the first instance the valuable welfare activities on their behalf developed under the control of the Health Committee and were only transferred under the 1948 Act. In order to maintain continuity with the past, these figures are given below.

Your Medical Officer of Health would like to remark as his personal opinion that the present trend in the evolution of local government to combine Health and Welfare Departments seems to be in the right direction, as there is inevitably a good deal of overlap in the respective responsibilities, and close co-operation between all the officials concerned is essential for the public benefit. Such co-operation already, of course, exists between your two departments and complete integration would only in fact give appearance of administrative neatness to what already very largely exists.

Age Distribution of Blind Persons in Darlington.

	Under 15	15—34	35—54	55—64	65—74	Over 75	Total
Men	1	3	8	9	15	17	53
Women	1	3	5	13	16	39	77
TOTAL ...	2	6	13	22	31	56	130

Number of blind persons normally resident in
Darlington (not of school age) undergoing
training away from home None

Number of blind persons normally resident in
Darlington employed away from home ... 1

PART V.

Growing Points

§ 1. HEALTH EDUCATION.

The year 1955 showed the continuation of a policy hitherto established of lecturing as invited to various groups in the town, all of which were on a mailing list for the receipt of occasional bulletins on matters of public health interest. The following lists show the work carried out.

TALKS AND LECTURES

Dato	Association	Subject	Speaker
Jan. 27	Springfield Parent-Teacher Association	Healthy Teeth	Dr. Walker
Jan. 28	Reid Street Primary Parent-Teacher Association	Accidents in the Home	Dr. Walker
Feb. 15	Young Conservatives' Association	The Health of the Nation	Dr. Walker
Feb. 17	Greenbank Women's Guild	The Public Health Services	Miss Winch
Mar. 1	Darlington Branch of the Royal College of Midwives	A Medical Officer of Health looks at the Midwifery Service	Dr. Walker
Mar. 2	Darlington Trades Council	Problems of Housing and Slum Clearance	Dr. Walker
Mar. 7	Toc H (Women's Section)	Sitters-in	Miss Winch
Mar. 13	St. Luke's Fellowship	The Backward Citizen	Mr. Price
Mar. 16	Junior Technical Parent-Teacher Association	Brains Trust	Dr. Walker
Mar. 22	Darlington Co-operative Women's Central Guild	Mental Health	Dr. Walker
Mar. 22	Toc H (Women's Section)... ..	The Inspection of Meat and Other Foods	Mr. Ward
April 4	Dodmire Parent-Teacher Association	Accidents in the Home	Dr. Walker
May 25	St. Thomas Aquinas Catholic Women's League	Healthy Teeth	Dr. Walker
June 14	Tec H. (Women's Section—Pierremont Branch)... ..	Healthy Teeth	Dr. Walker
June 15	St. Matthew's Mothers' Union	Healthy Teeth	Dr. Walker
Oct. 18	Blackwell Women's Institute	Fluoridation of Water	Dr. Walker
Oct. 19	Haughton C. of E. Parent-Teacher Association	Healthy Teeth	Dr. Walker
Oct. 20	Holy Family Catholic Women's League	Healthy Teeth	Dr. Walker
Nov. 2	St. Teresa's Women's Guild	Healthy Teeth	Dr. Walker
Nov. 2	Darlington Trades Council	The Work of the Sanitary Inspector	Mr. Ward
Nov. 16	Harrowgate Hill Parent-Teacher Association	Healthy Teeth	Dr. Walker
Nov. 16	Training Colleges Students	Problem Children	Miss Winch
Nov. 24	Greenbank Women's Guild	Community Care of the Mentally Ill	Mr. Price

BULLETINS

No. 29	...	Jan. 7th	...	Sitters in
No. 30	...	Feb. 24th	...	B.C.G. Vaccination
No. 31	...	Aug. 18th	...	Fluoridation of Water Supplies

It will be observed that among the talks given by your Medical Officer of Health the subject of "Healthy Teeth" takes a disproportionately large place. This was, of course, due to the outstanding question of fluoridation, which is dealt with in greater detail in another place (Appendix "A", page 78). As a general subject for health education the teeth deserve due attention quite apart from the special problem before the public in Darlington in 1955. There is no doubt that the standard of dental health, as shown by complete dentitions and absence of caries, has deteriorated during recent years and though it is not as bad as it was before 1939 among younger children, it is approaching the deplorably low inter-war standard. This, of course, is not due to bad nutrition since the nutrition of the rising generation has never been better, but it is to be accounted for by unwise feeding habits and particularly by the abuse of sweets. It is the business of parents to control their children in respect of what they should eat and when they should eat it and in regular and adequate tooth-brushing, and, as a dental practitioner in Darlington remarked with regard to proposed fluoridation, he feared lest an alleged preventive of this sort might not destroy such small attention to dental hygiene as many people at present give. He may have been right.

Your Medical Officer of Health regrets that there has been no further demand for courses of instruction in home nursing for housewives. He is sure that this is or could be made a most valuable means of practical health education, but the women of Darlington do not appear to want it.

§ 2. HOUSING PROBLEMS.

In 1955, as in previous years, a number of requests for special priority were received at the Health Department, many applicants asking first for an interview, which in every case was given. If there were ostensible grounds from this discussion that the circumstances might attract some priority, a visit was subsequently made by your Medical Officer of Health, usually accompanied by your Chief Sanitary Inspector. A medical certificate from an external practitioner in support of the claim was always required. The following Table summarises the findings among the 62 households visited and compares them with similar investigations in the past.

TABLE XXVI.
Housing Analysis.

	1955		Investigated 1949-1954		Total investigated since 1-1-49	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Ungraded and O marks...	3	5	69	12	72	11
1 mark	7	11	129	23	136	22
2 marks	17	27	168	29	185	29
3 marks	28	45	146	26	174	28
4 and 5 marks ...	7	11	56	10	63	10
High medical priority...	16	26	73	13	89	14
Lower medical priority...	23	37	227	40	250	40
Overcrowded ...	25	40	297	54	322	51
House defective ...	37	59	200	35	237	36
Environment defective...	2	3	38	7	40	6
Psychological factor...	18	29	143	25	161	26
Unsatisfactory family...	—	—	19	3	19	3
Recommended for priority...	25	40	159	28	184	29
Total Households investigated...	62	100	568	—	636	—

Families investigated in 1955 and rehoused same year ...	12
" " " 1954 " " in 1955 ...	8
" " " 1953 " " " " 	5
" " " 1952 " " " " 	2
" " " 1951 " " " " 	2

Of the families rehoused in 1955, 11 out of 12 attracted priority for reasons of health and in 6 of them it was of high grade. In 3 instances tuberculosis was the medical factor, in one a non-tuberculous chest disease, in another heart disease and in another a congenital nervous disorder of the applicant's child. Other environmental factors were adverse in all the 11 cases.

Rehousing.

Visits were paid to families rehoused in 1953, most of whom had been allocated houses either in the Springfield and Haughton or in the Firth Moor Estates. Three of the families were found to have been rehoused in the R.O.F. Estate. The following Table shows the findings, where district "R.S.T." represents Springfield-Haughton, district "V" Firth Moor and "X" the R.O.F. The three last columns indicate the number among those rehoused who had received at the original investigation three or four and five marks of priority and had been found to suffer from substantial medical reasons for early consideration (M.1).

TABLE XXVII.
Findings on Revisits.

Category	Grade	District "RST"	District "V"	District "X"	Total	"3"	"4 & 5"	M.I.
"A"	1	18	10	1	29	8	2	4
	2	12	8	2	22	10	1	4
	3	3	1	—	4	—	1	1
	4	—	—	—	—	—	—	—
"B"	1	16	12	1	29	11	2	6
	2	14	6	2	22	6	1	2
	3	2	1	—	3	—	1	1
	4	1	—	—	1	1	—	—
"C"	1	10	6	—	16	8	—	5
	2	16	9	—	25	6	—	1
	3	5	3	—	8	3	3	2
	4	2	1	3	6	1	1	1
"D"	1	11	10	—	21	11	—	5
	2	17	5	—	22	5	2	1
	3	5	4	3	12	2	2	3

Key : 'A'—Health

- (1) Good health all round.
- (2) Generally satisfactory.
- (3) Somewhat below normal.
- (4) Poor health all round.

'C'—Housekeeping Standard.

- (1) Houseproud.
- (2) Adequate.
- (3) Fair.
- (4) Poor.

'B'—Contentment

- (1) Well satisfied.
- (2) Satisfied but a few complaints.
- (3) Satisfied but several complaints.
- (4) Dissatisfied.

'D'—Garden.

- (1) Evident pride.
- (2) Neat.
- (3) Neglected.

TABLE XXVIII.

Supplementary Findings.

Category		" 3 "	" 4 & 5 "	M 1	All others
" A "	1	22	10	13	46
	2	17	2	9	27
	3	2	4	3	3
	4	1	—	—	—
" B "	1	25	5	11	40
	2	12	7	9	34
	3	4	4	5	2
	4	1	—	—	—
" C "	1	15	1	8	12
	2	18	9	10	43
	3	7	5	6	15
	4	2	1	1	6
" D "	1	18	3	10	21
	2	13	9	8	38
	3	11	4	7	17

A study of the records suggest that an analysis might be useful to show whether, among rehoused families, those with high priority found themselves as satisfactorily circumstanced when rehoused as those who on investigation were found to have less serious complaints. The figures obtained were not large enough to make tabulation worthwhile, but it was interesting to discover that of a total of 58 households originally awarded three, four or five marks of priority, 55% on revisit were assessed as A.1, 51% as B.1, 27% as C.1, and 36% as D.1. Among a total of 76 families awarded two or fewer marks of priority, 60% were A.1, 50% B.1, 16% C.1 and 28% D.1. I do not regard the variations between the two groups as significant.

§ 3. GERIATRICS.

With regard to the co-operation of your Superintendent Health Visitor with the Admissions Department of the Darlington Hospital Group, the same satisfactory arrangements were maintained in 1955 as in previous years. The total number of cases dealt with was slightly less and the information obtained can be summarised as follows :—

Total cases investigated	...	...	128
Diagnoses for investigation :			
Senility	...	...	49
Diseases of Blood vessels (including cerebral vascular accidents)	...	...	27
Myocardial degeneration	...	...	14
Chronic diseases of lungs	...	...	7
Arthritis deformans and 'rheumatic' conditions	...	...	6
Cancer, all sites	...	...	9
Chronic nervous disorders	...	...	4
Other conditions, including acute illnesses	...	...	12

The following Table shows the age and sex distribution of 124 of these patients. In four cases the information was inadequate to extract the details.

TABLE XXIX.
Age and Sex Distribution.

	Under 60		60-70		70-80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (43 patients) ...	2	4.7	5	11.6	15	34.9	21	48.8
Women (81 patients)	6	7.4	6	7.4	35	43.2	34	42.0
Total persons (124 patients) ...	8	6.5	11	8.9	50	40.3	55	44.4

Another analysis of some interest was made in respect of the social background of patients as indicated by their place of residence. This showed as follows :

Living in very superior circumstances	...	2
Living in superior circumstances	...	26
Living in average housing conditions	...	74
Living in below average housing conditions	...	26

The following figures show details in respect of the occasion for admission to hospital and what services from the local health authority were already in attendance.

Care adequate but cannot be continued	...	62	...	48%
Care adequate except for nursing ability	...	12	...	9%
Care generally inadequate	...	28	...	22%
District nurse in attendance	...	36	...	28%
Home Help in attendance	...	9	...	7%
Urgent need for hospital admission	...	20	...	16%
High priority recommended	...	75	...	59%

(The penultimate figure is, of course, included in the one following it).

It is to be appreciated as noted last year that the success of the scheme hinges upon the availability of empty beds, for no matter how urgent the situation of a patient may be, nothing can be done unless there is a vacancy for him. The majority of patients who go into East Haven Hospital in the circumstances described do not come out alive and an important aspect of the hospitalisation of the old and chronic sick has not yet been explored, which is to keep a place for them at the home whence they came, or to find a home for them to return to with relations or otherwise if, as a result of their illness, their own home was wound up. A certain number of persons investigated in this category were mainly suffering from being unwanted and the need for continuing responsibility by the family for its older members was well demonstrated in enquiries of this sort.

An analysis with regard to married status throws some light on this aspect of the problem, for among 38 men where information to this effect was available 34% were married and 47% widowed, while among 77 women 18% were married and 62% widowed. The percentage of single persons was practically the same in both samples. It has been observed in recent statistical enquiries that married people tend to enjoy greater longevity and better health than the single or the widowed, and this is readily understandable because of the mutual help and support the partners can give each other. The married state moreover usually results in a family who may be willing to extend assistance to their parents in a final period of dependence, but at the present time, when so many seem to expect public services to solve all problems, family responsibility may be less than it used to be. As will have been noted above, the largest occasion for seeking need was because care at present adequate could not continue to be given.

In the Report for 1954, a reference was made to a geriatric survey to be carried out by health visitors in three different parts of the town. The heavy demand of routine duties and also the resignation of Miss Hemsted during the year prevented the completion or extension of this piece of research and though some valuable findings are to hand they are not yet ripe for report. A study of the older members of the community cannot be made quickly. The complete confidence of those concerned must be gained and evidence given by disinterested friendship that it is not misplaced. You may be assured that your health visitors are fully able to play this role and that the work they are doing is primarily for the benefit of the persons visited and not merely to obtain statistical information. Even so, however, such information is not to be despised as a human activity since an effective geriatric service cannot be planned until the real needs and desires of the aged are fully known. As an interim opinion, your Medical Officer of Health would venture that the main line of help should be always through services in the home rather than institutionalisation.

§ 4. ACCIDENTS IN THE HOME.

The number of accidents at home investigated during 1955 were insufficient to include a detailed analysis of them, but the heading is retained to show that the importance of the matter is fully realised and continues to receive attention.

PART VI.

Miscellaneous**§ 1. METEOROLOGY AND ATMOSPHERIC POLLUTION.**

During the year, observations continued to be taken and the following report summarises them ; it was submitted by the Chief Sanitary Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXX.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1955.**Taken Daily at the South Park.**

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January...	30.40	28.80	52	11	1.83	.45	15	13
February	30.15	28.70	48	10	1.78	.25	4-18	19
March ...	30.35	28.95	58	21	1.51	.40	23	15
April ...	30.55	29.10	68	28	.90	.40	7	8
May ...	30.35	29.00	75	33	2.00	.65	17	16
June ...	30.15	29.35	75	42	2.33	.72	7	16
July ...	30.45	29.35	87	43	.90	.35	2	3
August ...	30.30	29.70	85	41	.63	.20	3	5
September	30.20	29.45	81	39	1.00	.20	5	13
October ...	30.25	28.80	67	23	1.80	.67	25	11
November	30.65	29.05	63	26	2.25	.52	10	15
December	30.35	28.95	56	19	2.82	.46	20	20
Totals ...	—	—	—	—	19.75	—	—	154
Averages	—	—	—	—	1.65	—	—	13

Atmospheric Pollution.

Considerable practical work has been effected by the Tees-side Smoke Abatement Committee, which consists of all Local Authorities on Tees-side. Local Authority members meet at different areas at regular intervals to discuss air-pollution.

The Technical Sub-Committee furnished a report showing that in all, 50 deposit gauges and 11 Lead Peroxide Instruments are in use in the Tees-side area.

Although the problems in Darlington bear no comparison with those prevailing in the heavy industrial areas on Tees-side, we do get complaints in connection with various chimneys in the Borough. On investigation by the Sanitary Inspectors, the cause of the complaint is often found to be due to ineffectual stoking.

Deposit gauges are erected in the Borough on the following sites :—

Albert Hill.
Harrowgate Hill.
Memorial Hospital.
E. D. Walker Homes (clean site).

The following improvements have been carried out during the year at industrial premises in the Borough, in an attempt to reduce atmospheric pollution.

Laundry. Chain grates installed in Lancashire boiler. Providing the stoking technique improves, no further complaints should be expected.

Worsted Spinning Mills. New improved pattern grates installed in Lancashire boilers.

Sawmills. Cyclone fitted for the purpose of arresting hot burning grit. After preliminary trials, this appears to be satisfactory.

Hospital. Duplication of boilers to decrease load and firing, thereby reducing smoke and grit emission which had increased due to additional load imposed by an extension of the existing circuit.

Brickworks. F.R.S. smoke eliminator doors fitted to Lancashire boiler.

Gas Works. The production of carburetted water gas has given rise to complaints concerning steam, black dust, fumes, effluent and noise.

The water cooler has been raised to a higher level, and this, with other modifications, has reduced the steam and noise nuisance.

The dust arrester, although claimed to be 90% efficient can, intermittently, cause serious grit nuisance in the area.

The deposit gauges give an overall picture of the deposit in the Borough.

The average in Tees-side area.

Industrial—54.80 tons per square mile per month.

Semi-Industrial—32.36 tons per square mile per month.

Residential—17.26 tons per square mile per month.

The average in Darlington— 9.7 tons per square mile per month.

TABLE XXXI.

Results of total deposit from gauges in tons per square mile.

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January ...	8.28	6.56	11.56	12.35	9.69
February ...	4.28	7.50	9.54	11.33	8.16
March ...	10.10	7.71	15.71	16.28	12.45
April ...	6.82	8.51	8.90	12.28	9.13
May ...	11.72	8.65	12.44	12.78	11.40
June ...	9.12	6.97	5.40	10.32	7.95
July ...	7.64	2.46	2.92	4.38	4.35
August ...	5.34	8.23	6.80	21.90	10.57
September ...	4.10	8.48	7.67	13.13	8.34
October ...	5.16	9.04	11.09	12.98	9.57
November ...	7.18	10.38	10.20	12.32	10.02
December ...	10.33	12.60	18.14	18.25	14.83
Monthly Average	7.50	8.09	10.03	13.19	9.70

Wind Records for the Year (Tees-side Area).

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	8.93	16.5	4.04	2.55	15.94	22.77	11.5	11.7	2.15	3.92

§ 2. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department and Drs. D. J. H. Payne and P. N. Coleman always took the greatest personal interest in the problems confronting the Health Department wherein their assistance was requested. Dr. Payne has always expressed a desire to be kept in the picture wherever social and clinical circumstances make the investigation more than of routine interest and his willingness with helpful suggestions has been greatly appreciated. Occasional specimens have been submitted to the laboratory at the Darlington Memorial Hospital, under Dr. J. Tregillus, where also the utmost co-operation has been given.

Mr. C. J. H. Stock continued to act as Public Analyst and to carry out chemical examinations. With his laboratory the closest harmony and co-operation also existed.

§ 3. MEDICAL EXAMINATIONS.

The following Table shows the work carried out under this heading. It is to be remarked that this work, which makes no contribution towards the general health of the community and is carried out simply to oblige another Department of the Corporation, occupies a good deal of the time of the Assistant Medical Officers.

TABLE XXXII.

Medical Examinations of Corporation Staff.

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Grand Total
	Male	F'male	Male	F'male	Male	F'male	Male	F'male	
Architect's	...	1	...	...	1	...	1	1	2
Civil Defence... ..	...	...	...	...	1	...	1	...	1
Education	3	7	...	23	51	106	54	139	193
Fire	...	1	...	...	...	...	...	1	1
Health	3	11	...	3	...	...	3	14	17
Library and Museum	...	...	...	3	...	2	...	5	5
Markets	2	...	...	...	...	...	2	...	2
Parks, Cemeteries and Baths	4	1	17	...	...	...	21	1	22
Queen's Nurses	...	2	...	...	...	...	...	2	2
Surveyor's (incl. Water)	27	1	54	2	36	7	117	10	127
Town Clerk's	...	...	...	1	2	3	2	4	6
Treasurer's	1	...	...	...	6	5	7	5	12
Transport	14	9	5	3	18	1	37	13	50
Weights & Measures	1	...	...	...	...	...	1	...	1
Welfare (incl. British Restaurant and Municipal Hos.)	...	4	1	16	...	6	1	26	27
Others... ..	...	1	...	...	...	...	...	1	1
Totals ...	55	38	77	51	115	133	247	222	469

§ 4. WATER SUPPLY AND SEWAGE DISPOSAL.

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

“Water Supply.—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 52 occasions and on tap water from different areas of the town on 52 occasions.

Details of the total water consumption per year since 1947 are given below. During the year ending 31st December, 1955, a bulk supply of 183,563,000 gallons of treated water has been delivered into the mains of the Tees Valley Water Board. On 19th May, 1955, the Tees Valley Water Board stopped taking water. The water con-

sumption excluding the amount supplied to the Tees Valley Water Board increased during the year by 116,587,000 gallons due to an increase in consumption by both domestic and industrial users.

Year ending 31st March					Gallons pumped
1947	...	...	...	...	1,877,610,000
1948	...	...	...	...	1,950,890,000
1949	...	...	...	...	1,886,860,000
1950	...	...	...	...	1,846,280,000
1951	...	...	...	...	1,907,480,000
1st April, 1951, to 31st December, 1951					1,604,640,000
Year ending 31st December :					
1952	...	...	...	...	2,212,990,000
1953	...	...	...	...	2,136,960,000
1954	...	...	...	...	2,276,690,000
1955	...	...	...	...	2,098,370,000

With regard to the quantity of water available in the River Tees to meet the Corporation's unlimited powers of abstraction, there is an ample supply but recent temporary statutory powers taken by the Tees Valley Water Board will reduce the dry weather flow downstream of the two waterworks to a quantity as low as 5 million gallons per day. The Tees Valley Water Board powers will be subject to review early in 1957.

The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is seven million gallons.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate total number of dwelling houses within the Borough is 26,479. The whole of these are supplied by water mains direct into the houses except 38 which are served by stand pipes, i.e., out of a total population of 83,560, 130 are served by stand pipes.

Rivers and Streams—Work by the Wear and Tees River Board on the first stage of an improvement scheme on the River Skerne, namely from its junction with the River Tees to the Parkside Bridge is now completed. Work on stages 2 and 3 from Parkside Bridge to Great Burdon Bridge including also the diversion of the Cockerbeck into the Baydale Beck in the vicinity of Mowden Bridge is now in progress.

Sewerage and Sewage Disposal — During the year work on the contract for Section 2 of the Geneva Road Relief Sewer comprising a tunnel under the London to Newcastle Railway Main Line and the adjoining marshalling yards was completed. Sections 1 and 3 comprising the remainder of the Relief Sewer from the junction of Geneva Road and Harris Street to the Main Outfall Sewer, are now in progress.

The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is

dealt with by the main Sewage Purification Works completed in 1942, which consists of detritus and sedimentation tanks, percolating filters, humus and storm water tanks. The sludge from the processes is dealt with on sludge drying beds during the summer and by distribution on adjacent farmlands during the winter.

The effluent produced at the Sewage Works is not so good as it was in quality owing to the increased quantity of sewage now being treated and to the increase in strength of the sewage resulting from the admission of various trade effluents into the sewers.

A draft scheme for extending the existing Sewage Disposal Works at an estimated cost of £240,000 has been approved in principle by the Ministry of Housing and Local Government. Work was completed in July, 1955, on the alterations to two of the existing filters for preliminary experimental purposes. A considerable amount of data has been obtained from this plant and the experimental work is still in progress.

The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town.

Disposal of the Dead.—Three Cemeteries with a total area of 100 acres situated in different parts of the town provide adequate facilities for burial. These Cemeteries are properly planned and well kept. The crematorium at the West Cemetery is equipped with the latest type of Gas Furnace and is used increasingly each year. It is owned and operated by the Darlington Cremation Society."

§ 5. SWIMMING BATHS.

Under the control of the Parks, Cemeteries and Baths Committee, the facilities provided include two large swimming pools, a ballroom in the winter for dancing, meetings etc., slipper baths, kitchens, cafe and refreshment rooms :—

The Gladstone Baths, 100ft. x 40ft. (3½ft. to 7½ft. depth), with pool water capacity of 140,000 galls., 78 dressing cubicles and 73 clothing lockers. Pool fittings include graduated 3 metre diving stage, 1 metre spring-board, and water chute. Bathing season extends from April to September.

The Kendrew Pool, 100 ft. x 48ft. (2½ft. to 5¼ft. depth), with pool capacity of 100,000 galls., 78 dressing cubicles and 2½ metre diving stage. This pool is open for bathing the year round and is extensively used by the Education Committee for organised schools classes.

Activities carried on in both pools include public bathing, the teaching of swimming and life saving, training of Armed Forces a feature of which is dinghy drill by R.A.F. air crews. The Darlington Amateur Swimming Club coaching classes for advanced swimmers are particularly successful.

A new facility organised by the Baths Department is free swimming tuition for children between 6 and 11 years of age, the public need of such classes being proved by the results of the first year's work :—

Total No. children registered	...	...	...	652
Total No. class attendance	...	...	...	6,259
Swimming Certificates awarded	...	...	...	361

The Public response to the free tuition scheme is such that a waiting list is necessary, and it is regretted that the baths time-table does not allow allocation of further time in the pools to the scheme.

SUMMARY OF SWIMMING ATTENDANCES 1955/56.

Admissions

Gladstone Bath.			1955/56	1954/55
Adults	...	...	48,807	41,708
Children	...	...	30,855	28,340
Spectators	...	...	3,220	3,364
Education	...	...	9,175	8,029
Club and gala	...	...	9,335	10,098
			101,392	91,539
Kendrew Bath.				
Adults	...	...	39,137	28,016
Children	...	...	60,122	53,658
Spectators	...	...	9,779	4,726
Education	...	...	58,286	59,761
Club swimming	...	...	4,128	2,598
			171,452	148,759
Hot Baths.				
Total public attendance			14,101	14,060
GRAND TOTAL			286,945	254,358

The water of both pools is continuously circulated through a battery of pressure filters whereby the "Breakpoint" technique of water treatment maintains a constant free available Chlorine residual of 2.0 ppm. Bi-carbonate of soda is applied to correct Ph values to range 7.4 to 7.8 with an alkalinity content of 200 ppm. This results in a sterile water conforming to Ministry of Health standards and of a deep blue, crystal clear colour. The water is then reheated to a minimum of 75 deg. F. before returning to the pools. During the year a total of 75 samples of pools water were submitted to the Borough Analyst for bacteriological examination.

From October to March, the Gladstone Bath is closed for swimming, and an oak dance floor is laid for general social activities. Municipal dancing and catering managed by the Baths Department are activities which contribute an appreciable income resulting in a departmental rate call which is one of the lowest in the country for baths services.

PART VII.

Sanitary Circumstances**(REPORT OF THE CHIEF SANITARY INSPECTOR).****§ 1. INTRODUCTORY LETTER AND ANALYSIS
OF INSPECTIONS.**

Mr. Chairman, Ladies and Gentlemen,

It is again with regret I have to report that with the depleted staff of Inspectors, it has been impossible to cope with the many and varied duties imposed upon this department.

During part of the year your inspectorial staff consisted of two Inspectors and myself, and meat inspection alone made it necessary to work many hours of overtime in order to carry out 100% meat inspection of all animals slaughtered for human consumption. It is very fortunate that meat inspection has been done efficiently, otherwise the carcass affected with non-typical anthrax could quite easily have been missed, with possibly disastrous results.

All complaints have received reasonably prompt attention, and likewise the inspection of houses in connection with the issue of Certificates of Disrepair. The work in connection with the remainder of the duties has been very limited, and one gets the feeling of frustration, due to the lack of Inspectors to carry out even routine work.

As your Chief Sanitary Inspector, I look forward to the time when the establishment of Sanitary Inspectors (which at five is probably the lowest in the country on population basis) can compare favourably in number with other authorities, i.e. one Inspector per 9,000 population.

In conclusion, I must pay tribute to the members of the Health Committee and the Medical Officer of Health, for their cordial support, and to my skeleton staff for their enthusiastic efforts in an attempt to uphold the high standard of environmental hygiene we have achieved in the past.

I have the honour to be,

Your obedient servant,

F. WARD,

Chief Sanitary Inspector and Inspector
of Meat and Other Foods.

ANALYSIS OF INSPECTIONS.**Housing Conditions.**

Housing Inspections	626
Slum Clearance	251
Tenements	4
Re-inspections	1,956
Dirty and Verminous Premises	44
Overcrowding and re-housing investigations ...	143
Living Vans	247
Common Lodging Houses	6
Inspections re nuisances (other than dwellings)	246
Interviews with owners, builders, etc.	1,209
Total ...	4,732

Food Inspections.

Abattoir	821
Private Slaughterhouses	1,111
Markets	164
Merchandise Marks Act	2
Registered Food Premises	54
Food Shops (General Dealers) etc.	87
Unsound Food	285
Restaurant Kitchens	13
Canteens	10
Snack Bars	7
Bakehouses	23
Fish Friers	31
Ice Cream Manufacturers	32
Ice Cream Vendors	30
Dairies and Milk Shops	41
Licensed Premises	4
Samplings	30
Total ...	2,745

Sundry Inspections.

Rat Infestation	2,267
Infectious Diseases and Contacts	33
Factories, Out-Workers and Workshops ...	59
Pharmacy and Poisons Act	10
Stables and Piggeries	5
Offensive Trades	24
Smoke Abatement	168
Places of Entertainment	3
Disinfections and Disinfestations	500
Pet Animals	20
Miscellaneous Inspections	10
Ineffective Visits	677
Total ...	3,776

Total Inspections.

Housing Conditions	...	...	...	...	4,732
Food	...	...	...	...	2,745
Sundry	...	...	...	...	3,776
Total					11,253

Nuisances.

During the year 571 complaints were received and investigated by the Sanitary Inspectors. In the majority of cases, the complaints referred to housing conditions and disrepair of property.

§ 2. LIVING ACCOMMODATION.**Repairs.****Informal Action.**Number of
Houses

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| (1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts | ... | ... | ... | ... | 205 |
| (2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied | .. | ... | ... | ... | 85 |

Action under Statutory Powers.**(a) Proceedings under Section 9, Housing Act, 1936 :**

- | | | | |
|---|-----|-----|----|
| (1) Number of dwelling houses in respect of which notices were served requiring repairs | ... | ... | 28 |
| (2) Number of dwelling houses rendered fit after service of formal notices. | | | |
| (a) By owners | ... | ... | 13 |
| (b) By Local Authority in default of owners | | | 1 |

(b) Proceedings under the Public Health Acts :

- | | | | |
|---|-----|-----|------|
| (1) Number of dwelling houses in which defects were remedied after service of formal notices. | | | |
| (a) By owners | ... | ... | 120 |
| (b) By Local Authority in default of owners | | | Nil |
| (2) Number of premises in which insanitary conditions not strictly of a structural character were remedied after service of formal notices... | | | 43 |
| (3) Total number of defects remedied as a result of informal and formal action | ... | ... | 1802 |

Demolition and Closing Orders.**(1) Housing Act, 1936**Houses Persons
displaced

Houses closed in pursuance of an undertaking given by the owners under Section 11, and still in force	...	...	...	1	3
---	-----	-----	-----	---	---

(2) Local Government (Miscellaneous Provisions) Act, 1953.

Closing Orders made under Section 10(1)	4	11
---	---	----

HOUSING REPAIRS AND RENTS ACT, 1954.

This Act was introduced by the Government in an effort, no doubt, to improve the conditions of houses which had many years of useful life in them, if only the means were provided to enable essential repairs to be carried out.

Although it is not possible to estimate the number of houses of which the rents have been increased, it is generally believed that landlords, especially those of the older type of properties, have purposely refrained from claiming the increase, because of repercussion in the nature of Certificates of Disrepair, etc.

Applications made under the Act during the year were as follows :

(a) For Certificates of Disrepair	...	...	...	21
(b) Certificates granted	...	...	...	9
(c) Certificates refused or withdrawn	...	...	...	12
(d) Certificates revoked	...	...	...	12

Clearance Areas and Repair of Unfit Houses.

It is pleasing to report that the majority of the tenants in the Neasham Road Clearance Area have now been re-housed, and that the demolition of the buildings has commenced. Preliminary work has also commenced on the initial inspection of the next proposed area, and if our object is to be achieved it is estimated that approximately 150 houses per year for the next five years is required to accommodate people from these proposed areas.

Whilst every attempt is made to deal with disrepair to property, at the present time, through lack of Inspectors, reliance must be made on occupiers to complain to this department. The only efficient method to improve existing housing conditions, and to prevent slums of the future, would be "house to house" inspection. This could only be achieved by increasing the establishment of District Sanitary Inspectors, which, at the present time, is even below pre-war strength.

Living Vans.

There are at the present time 4 living van sites owned by the Council and managed by your Chief Sanitary Inspector.

These sites are situated as follows :—

McMullen Road	...	...	...	20 vans.
Firth Moor	...	...	...	16 vans.
Layfields Yard	...	...	...	4 vans.
Dingles Yard	...	...	...	4 vans.

The annual gross income for these sites is approximately £900.

Van dwellers of the hawker class are accommodated in Layfields Yard and Dingles Yard.

There are also 4 sites privately owned, and situated as follows :—

Archer Street	...	...	...	4 vans.
Yard at rear 83 Brunswick Street	...	...	...	1 van.
Jesmond/Whinfield Road	...	...	...	4 vans.
Lingfield Farm	...	...	...	1 van.

Unfenced land in Longfield Road, East Street and Park Street is frequently resorted to by all types of van dwellers, and this causes considerable embarrassment to this department. This type of van dweller, generally of the hawker type, often cause serious nuisance by depositing foul matter on the surrounding land, and also by the dismantling of cars, buses, etc.

It is inevitable that this unsatisfactory state of affairs will continue until these sites are enclosed or properly developed.

Disinfestation.

All school canteens are sprayed as a preventive against fly infestation. In premises other than those controlled by the Council where infestations have been found, the occupiers have invariably been extremely willing to avail themselves of the service provided by this department. Fewer complaints have been received in connection with fly infestation. Infestations dealt with included cockroaches, steam beetles, bugs, fleas, flies, moths, ants and mosquitoes.

In all, 445 premises have been sprayed with insecticides, on the whole producing satisfactory results. Cockroaches and steam flies are difficult to eradicate completely without prolonged treatment, and re-visits are made to certain premises as and when necessary to deal with re-infestation by these insects.

§ 3. HYGIENE IN FOOD PREMISES.

Although it has been impossible to carry out routine inspection of all the food premises in the Borough, every effort has been made to achieve a high standard of cleanliness. Attempts will be made to implement the new Food Hygiene Regulations, and arrangements have already been made to give talks and lectures to the various groups of food handlers in the Borough.

The following table sets out the different types of food premises in the Borough :

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	547	87
Markets	2	164
Catering establishments	70	23
Works canteens	26	7
Bakehouses	71	23
Fish Friers	59	31
Licensed Victuallers	66	4
Registered food premises	72	54
(For the manufacture of potted, pressed, pickled or preserved food)		
Ice Cream Manufacturers	12	32
Vendors of pre-packed ice cream	268	} 30
Vendors of unwrapped ice cream	44	
Dairies other than dairy farms	5	} 41
Milk distribution premises (ready bottled milk)	138	

§ 4. PRODUCTION AND DISTRIBUTION OF MILK.

The total number of persons/premises on the Register is as follows :

Dairies	Other than Dairy Farms	...	...	5
Distributors	(a) Bottled milk only (as received)	...	...	137
	(b) Producer/retailer (inside Borough)	...	...	1
	(c) Residing outside, but retailing inside the Borough	...	...	6

Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

In pursuance of the above Regulations, licences have been issued authorising the use of Special Designations, as follows :

Grade of Milk.

	Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer	2	2	—
Bottler/Retailer	—	2	—
Dealer	25	19	116
Supplementary/Retailer	2	4	—

§ 5. FOOD AND DRUGS ACT, 1938-1950.

50 samples of various foods and drugs were taken and submitted to the Public Analyst. All the samples were reported to be of genuine quality.

Bacteriological Examination of Milk.

The following table describes the various tests to which samples of milk were subjected, and although samples were fewer in number than during the previous year, it is pleasing to report the satisfactory results of those taken.

Designation.	Appropriate Tests.	Number Examined.	Number Unsatisfactory.
Pasteurised	Methylene Blue Phosphatase	24 24	0 0
T. T. Pasteurised	Methylene Blue Phosphatase	18 18	0 1
Tuberculin Tested	Methylene Blue	4	0
Sterilised	Turbidity	1	0
TOTAL		89	1

Other Foods.						Samples Taken.
Orange Juice	...	...	...	...	...	2
Ice Cream	...	...	...	...	...	5
Milk Powder	...	...	...	...	...	2
Glucodin	...	...	...	...	...	1
Cooked Meat	...	...	...	...	...	1
Fish Paste	...	...	...	...	...	1
Egg Albumen	...	...	...	...	...	1
						13

The Bacteriologist reported all the samples to be satisfactory.

§ 6. INSPECTION OF MEAT AND OTHER FOODS.

The following table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals, and ante-mortem examination whenever practicable.

Slaughtering Totals 1955.

	Cattle.	Calves.	Sheep.	Pigs.	Total.
Abattoir	5,945	789	16,243	13,278	36,255
Private Slaughterhouses ...	2,390	222	5,207	4,692	12,511
Total ...	8,335	1,011	21,450	17,970	48,766

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	5,863	2472	1,011	21,450	17,970
Inspected	5,863	2472	1,011	21,450	17,970
All Diseases except Tuberculosis.					
Whole carcasses condemned ...	11	57	33	87	81
Carcases of which some part or organ was condemned	751	1027	28	755	1,366
Percentage of the number inspected affected with diseases other than tuberculosis	13.00	43.85	6.03	3.93	8.05
Tuberculosis only.					
Whole carcasses condemned ...	7	55	2	—	8
Carcases of which some part or organ was condemned	387	373	9	—	271
Percentage of the number inspected affected with tuberculosis... ..	6.72	17.31	1.09	—	1.55

Tuberculosis (Slaughter of Reactors) Order, 1950.

During the year, 68 bovine animals were sent into the Abattoir under the above order by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries.

All the carcasses and organs were inspected by a competent officer of this department, and the diseased portions condemned.

Summary of Condemned Food.

Carcasses and portions thereof, and organs having a total weight of 66 tons, 14 cwts., 4 stones, 6 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 9 tons, 11 cwts., 8 lbs. were found to be unfit for human consumption.

Disposal of Condemned Food.

Condemned meat and offal from the Abattoir is disposed of to two local contractors, specialising in the manufacture of technical oils, fats, fertilizers and feeding stuffs. The usual arrangement is for one of these firms having premises just outside the Borough to collect carcasses and portions of beef, and the other firm to collect other meat and offal.

All meat is slashed and stained green before removal, and collections are made as frequently as required.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the Abattoir for disposal as above.

All other condemned food is surrendered at the Health Department where any food suitable for animal feeding is sorted out for use at the Corporation pig farm. The remainder is crushed by rollers, if the quantity justifies crushing, and disposed of by controlled tipping.

§ 7. OFFENSIVE TRADES.

The number of offensive trades on the Register is as follows:—

- 1 Fat Refining and Tripe Boiling.
- 2 Tripe Boiling.
- 2 Fat Refineries.
- 1 Gut Scraping.
- 3 Rag and Bone Dealing.

The premises have been visited regularly during the year and offences of a minor character dealt with.

At one Fat Refinery which has for many years given cause for complaint, extensive modifications have been made in an effort to overcome certain basic faults which became evident following a period of operation of this prototype apparatus.

Preliminary trials of the newly installed plant are now in progress, and we hope a satisfactory conclusion will be reached.

Fried Fish Shops.

There are 59 Fish Friers on the Register and 31 visits have been made to these premises by the District Sanitary Inspectors.

§ 8. RODENT CONTROL.

Organisation.

Recommended and approved by the Ministry of Agriculture and Fisheries.

One full-time Rodent Operative.

An additional four men are supplied by the Borough Surveyor for 4 to 6 weeks every six months for treatment of sewers. These men work under the direction and control of the Rodent Operative.

Methods.

Recommended and approved by the Ministry.

Bait bases — Sausage rusk, bread and flour.

Poisons — Zinc phosphide, arseneous oxide, red squill and sorexa (warfarin).

Two to four days prebaiting, one day poison-baiting, one day checking. Post baiting carried out.

Sewers Maintenance Treatment.

Two Sewer Maintenance Treatments have been carried out, the first during the period 18th April, 1955, to 7th May, 1955, and the second from 26th September, 1955, to 22nd October, 1955, details of which are set out below.

Total number of manholes in foul and connected systems	...	...	1st 1535	2nd 1535
Manholes baited	...	...	95	110
„ Showing pre-bait take	...	...	80	78
.. Showing complete pre-bait take (one or both days)	...	...	49	40
Schemes of baiting used	...	...	1st, 3rd, 5th and consecutive.	
Manholes test-baited	...	...	154	171

Surface Infestations.

Corporation Properties.

Hundens Tip.

Haughton Tip.

Salvage Depot.

Treated as required.

Infestations of rats and mice in all Corporation properties, including schools, are dealt with as they arise.

Business Premises.

Charge—3/11 per hour plus cost of materials, plus 20% of total cost.

Occupiers co-operate and report infestations to this Office, when they receive prompt attention. In no case has it been necessary to take formal action.

Private Dwellings.

The charge of 5/- (2/6 for pre-baiting and surveying, and 2/6 for poison baiting) has been discontinued since 22nd September, 1955, for a trial period of two years, in furtherance of the policy to keep all premises clear of infestations.

Block Control.

When investigating complaints or dealing with infestations, the Rodent Operative surveys the area concerned and the survey is recorded. Infestations found during surveys are dealt with as already stated

General.

Premises dealt with	...	...	...	...	...	720
Visits made	...	...	...	...	...	2214
Bodies seen—rats	...	...	...	...	...	748
„ „ —mice	...	...	...	...	...	244
Estimated number of rats killed (assessed Ministry of Food formula)	...	...	...	...	...	2299
Estimated number of mice killed (assessed 1/5th ounce per mouse)	...	...	...	...	...	710

§ 9. MISCELLANEOUS PROVISIONS.

Slaughter of Animals Act, 1933.

56 Licences were issued to slaughtermen employed at the abattoir and private slaughterhouses.

Pharmacy and Poisons Act, 1933.

There are 70 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

The majority of these traders limit their sales of poisons to disinfectants and ammonia.

10 visits were made and advice given relative to storage, labelling and sale of the various poisons.

Pages 77-80 missing.



County Borough of Darlington

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1955.

ANNUAL REPORT, 1955.

School Clinie,
Feethams,
Darlington.

To the Chairman and Members
of the Education Committee.

Ladies and Gentlemen,

I have the honour to present the School Health Report for the year 1955.

It has been usual in previous years for me to begin this introductory letter by commenting upon the satisfactory nutritional state of the children examined as shown by the relatively high percentage placed in Group "A" and the negligible number in Group "C." These categories have now however become obsolete although they still appear in the Tables at the end of the report.

The Ministry of Education has adopted instead a simple classification "Satisfactory" and "Unsatisfactory" which is in fact more logical since the total health of the child depends upon more factors than nutrition alone and a particular individual may for a variety of reasons be in an unsatisfactory state of health though he was to all appearances well nourished. As a matter of fact for the last several years the classification of A, B and C, has referred much more to general condition than to nutritional state as such. In future the A, and B groups will be covered by the satisfactory label.

The health of the child as revealed at Inspection and otherwise, remained of high quality, at least as far as physical characteristics were concerned. The worst findings were in respect of dental caries, and among entrants a situation almost as bad as in the inter-war years is returning after a temporary improvement during and immediately after the second world war.

The Department was fortunate during the year in securing the services of Mr. J. McAra as School Dental Officer to assist Mr. J. L. Liddell. Mr. McAra who came with the highest testimonials quickly adapted himself to the work and by the end of the year was fully at home in it. The provision of dental officers, though most important for the needs of the school population, is not the real answer to the problem of healthy teeth since this is a question of preventive medicine and is bound up with habits of diet (especially sweet eating) and cleanliness. Now that so many families are living in houses with fully adequate water supply there is no excuse for failure to keep the teeth clean, but one fears that many parents are negligent in teaching habits which perhaps they have never practised themselves. From this point of view we may deplore the final decision of the Council to shelve the fluoridation of water supplies.

Among other defects apart from errors of refraction which may to some extent be regarded as developmental anomalies, very little of a serious nature was discovered. Among the growing generation possibly the feet show after the teeth the highest amount of incipient trouble. Mild degrees of flat foot are common during growth and although they may not in themselves give rise then or subsequently to symptoms, deformities due to ill-fitting and unsuitable footwear may begin as a result of this condition and lead to serious disability twenty or thirty years later on. Quite apart from flat feet, a tendency to wear shoes too narrow across the toes is to be found especially among girls, with probably adverse long term consequences.

The most serious cause of orthopaedic disability among children in these days is no doubt Poliomyelitis. During 1955 Darlington was very fortunate in this respect with only one case, the patient being a school child of nine years. He was left with some weakness of a lower limb.

There were six deaths of school children, two from Leukæmia, an incurable illness, and two from road accidents which should, in theory, have been prevented.

I am very glad to include once again a detailed report of the Child Guidance Clinic from the School Psychologist, Dr. L. F. Mills. The work of this Clinic continues to prove its value and the considerable use made of it shows that the problems of child health today are as much or more psychological as physical.

I am glad to include after a lapse of some years a report on Physical Education, a very important aspect of child welfare.

Mrs. M. Shepherd also submits her report as in previous years, on the detection of defective hearing and instruction in lip reading, while children with speech defects from other sources are sent as hitherto to Miss M. Knight at Stockton. The establishment of the department does include the post of a Speech Therapist, and I am of the opinion that there is enough work to justify such an appointment as soon as possible.

School Nurse, H. M. Gardiner, retired during the year on superannuation and her place had not been filled by the end of 1955. I think that Miss Gardiner might usefully have been retained for some years longer, as sixty is much too early compulsorily to abandon a useful skill; this however is only a personal opinion.

Your department has functioned with unobtrusive efficiency and I am extremely grateful to Dr. McGarrity, Mr. Liddell, Miss Winch and all members of the School Health Staff, whose loyalty, efficiency and co-operation has contributed to so satisfactory an achievement.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER,

Principal School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE

Ald. H. P. Bell, J.P., C.B.E. (Chairman).

Coun. G. E. Wilson (Vice-Chairman).

Ald. A. J. Best, J.P.

Ald. W. Heslop, J.P.

Ald. T. E. Hudson

(till May, 1955).

Ald. H. Sansom.

Ald. H. Buckborough.

Coun. R. H. Loraine, J.P.

Coun. Mrs. M. Lyonette, J.P.

Coun. J. G. Willey

(deceased 11.2.55).

Coun. J. L. Shaw.

Coun. Mrs. M. S. Martin, M.A.

(till May, 1955).

Coun. M. Baker

(till May, 1955).

Coun. F. B. Taylor.

Coun. A. W. Caragher

(till May, 1955)

Coun. J. W. Stokoe.

Coun. N. R. Barker

(from June, 1955)

Coun. M. A. Beaton

(from June, 1955)

Coun. A. Brown

(from June, 1955).

Coun. H. Hannah

(from June, 1955)

Coun. F. B. Thompson

(from June, 1955).

Coun. J. W. Skinner

(from July, 1955)

Miss O. M. Stanton.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

School Medical Officers

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.

J. F. Bishop, M.B., Ch.B., C.P.H.

Principal School Dental Officer

J. L. Liddell, L.D.S.

School Dental Officers

Mrs. E. M. Clarke (Part-time) (from 16.5.55 to 25.6.55)

J. McAra, L.D.S., R.C.S. (from 29.8.55).

Anaesthetist

E. R. Dingle, M.B., B.S. (part-time).

Psychologist

L. F. Mills, B.Sc., B.Ed., Ph.D. (from 1.2.55)

Psychiatrist

W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (part-time).

Social Worker

Miss Josephine W. Emery (part-time) (resigned 25-10-55).

Teacher of Classes for Children who Experience Hearing Difficulties

Mrs. Muriel Shepherd.

Superintendent Health Visitor and School Nurse

Miss E. Winch la, 2 3 4.

School Nurses

Miss D. M. Goodinson, la 2.

Miss H. M. Gardiner, la

Mrs. L. Wade, la 1b

(retired 1.12.55).

(née Addison).

Mrs. D. Young, la, 1c.

Clerks

Miss A. C. Smith (Senior Clerk). Miss M. Langhorne.
Miss P. Harris. Miss M. Stobart.
Miss M. Allen (from 14.11.55).

1. State Registered Nurse:—(a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Sanitary Institute.
4. Nursing Administration Certificate of the Royal College of Nursing.

School Population

2 - 5 years ...	...	...	...	...	465
5 years and over ...	...	...	...	...	12,807
Total ...					<u>13,272</u>

School Meals and Milk

952,797 meals were distributed to school children, of these 57,449 were provided free. The average number of meals distributed per day was 5,091.

2,096,152 bottles of milk were supplied.

Immunisation Against Diphtheria

301 children completed a full course of immunisation and 620 were given reinforcing injections.

Schick Tests were carried out as indicated below:—

Before immunisation	Number Positive
71	33—Equivalent to 46.5%
After immunisation	Number Positive
501	26—Equivalent to 5.2%

Work of School Nurses

The Nurses paid 410 surprise visits to the schools where they discovered 687 cases where nits were present in the hair. Live vermin were found on 18 occasions. At the end of the year 364 children remained with nits and though several had shown improvement, there remains a hard core where reinfestation from other members of the family outside the range of the School Health Service continuously occurs and the tendency to relapse remains very great. Any child infested with pediculosis and needing urgent treatment would be dealt with at the School Clinic but no cases of body vermin were reported. Flea infestation in a few cases were dealt with by the Sanitary Inspectors of the Public Health Department.

1,633 home visits were paid in respect of follow-up from medical inspection, cleanliness and infectious diseases. Co-operation between nurses and parents is still maintained and advice gladly welcomed.

1,041 children who had been in contact with infectious diseases were seen in school, and advice was given to teachers about ventilation, etc.

6,352 examinations were carried out in Nursery Schools and Classes. Treatments were done when necessary and heights and weights of children regularly taken.

Infectious Diseases and Deaths amongst School Children

	Cases	Deaths
Whooping Cough	7	—
Measles	564	—
Scarlet Fever	23	—
Poliomyelitis (Paralytic)	1	—
Dysentery	12	—
Acute Pneumonia	2	—
Food Poisoning	4	—
Meningitis	2	—
Paratyphoid Fever B.	1	—
Total ...	616	—

The following Deaths amongst School Children were from Causes other than Infectious Diseases

Broncho-Pneumonia	1
Septicaemia (Influenzal)... ..	1
Leukaemia	2
Road Accidents	2

SCHOOL MEALS SERVICE—Specimen Menus.

Monday

Luncheon Meat, Mashed or Roast Potatoes, Salad: Cabbage, Carrots, Cheese, Beetroot, Salad Dressing. Bakewell Tart and Custard.

Tuesday

Minced Steak and Dumplings Potatoes, Carrots. Baked Sultana Sponge and Custard.

Wednesday

Roast Beef, Yorkshire Pudding, Gravy, Roast or Mashed Potatoes, Swedes. Apple Roly Poly and Custard.

Thursday

Sausages, Gravy, Mashed Potatoes, Cabbage. Rice Pudding and Jam.

Friday—R.C. Schools

Fish, Mashed Potatoes, Sauce, Peas.

Remainder

Steak Pie, Gravy, Mashed Potatoes, Peas. Stewed Prunes, Sponge Fingers and Custard.

Monday

Cornish Pasty, Gravy, Mashed Potatoes, Cabbage. Sago Pudding and Jam.

Tuesday

Roast Beef, Yorkshire Pudding, Gravy, Roast or Mashed Potatoes, Swedes. Isle of Wight Pudding and Custard.

Wednesday

Mince and Ham Roll, Roast or Mashed Potatoes, Salad:—Cabbage, Tomatoes, Beetroot, Salad Dressing. Sultana or Date Squares and Custard.

Thursday

Irish Stew (Carrot, Turnip and Onions), Mashed Potatoes, Peas. Baked Eve's Pudding and Custard.

Friday—R.C. Schools

Fish, Sauce, Mashed Potatoes, Carrots.

Central Kitchens

Fish or Roast Lamb, Gravy, Mashed Potatoes, Carrots.

Remainder

Fish, Fish Cakes or Cheese Dish, Mashed Potatoes, Sauce, Carrots. Steamed Marmalade Sponge and Custard.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic is held on Monday, Wednesday and Friday afternoons at 3.30 p.m., at the School Health Department, Feethams.

The number of attendances for treatment during the year was 4,628. Ear diseases were once again followed up to a great extent by the Nurses, to ensure that any recurrences were receiving treatment.

The other Clinics held at these premises are for refraction Thursday all day, for special cases in consultation with Dr. McGarrity on Tuesday afternoons and dental sessions on every Monday and Thursday afternoons and at other times by arrangement and appointment.

The Child Guidance Clinic is held in separate premises in Back Beaumont Street, and Mrs. Shepherd conducts her investigations on hearing in the schools themselves and in her own office at the Welfare Department, East Street. It will be remembered that while Mrs. Shepherd is a full time employee of the Local Education Authority, she has also commitments under Section 29 of the National Assistance Act with the Welfare Department, with which she puts in time after office hours.

Incidence of Ringworm

In 1955 there were 10 cases of ringworm (body) as compared with 13 cases (2 scalp, 11 body) in 1954. The treatment adopted was Vioform Cream and Ung. Acid Benz. Co. B.P.C., all with good results.

SPECIAL SCHOOLS

Open Air School Nurse's Report

At the end of the year, 102 children were in attendance at school, 4 of whom were extra district pupils; 2 from the North Riding and 2 from Durham County.

The conditions of the school children are very much the same as in the previous year, and are enumerated as follows:—

Convalescence following Septic Arthritis of Hip	...	...	...	...	1
Convalescence following Pulmonary Tuberculosis	...	...	...	...	1
Convalescence following Severe Birus	...	...	...	...	1
Convalescence following Pneumonia	...	...	...	...	1
Convalescence following Tuberculous Meningitis	...	...	...	...	3
Convalescence following Miliary Tuberculosis	...	...	...	...	1
Healed Right Perthes Disease	...	...	...	...	1
Healed Pott's Disease	...	...	...	...	1
Healed Tuberculous Hip	...	...	...	...	2
Healed Fractured Pelvis	...	...	...	...	1
Healed Tuberculous Spine	...	...	...	...	2
Bronchiectasis	...	...	...	...	4
Bronchitis	...	...	...	...	6
Asthma	...	...	...	...	15
Observation Chest	...	...	...	...	4
Observation Primary T.B. Infection of Lung	...	...	...	...	1
T.B. Contacts	...	...	...	...	3
Observation Chest and Kidneys	...	...	...	...	1
Epilepsy	...	...	...	...	1
Papilloma of Larynx	...	...	...	...	1

Muscular Weakness	Abdominal	Wall	following	Operative	Treatment						1
Infantile Eczema and Debility	...	...	...	...	...	...	...	...	...	...	1
Chorea ...	...	...	...	...	...	...	...	...	...	...	3
General Debility	...	...	...	...	...	...	...	...	...	...	19
Heart Diseases	...	...	...	...	...	...	...	...	...	...	3
Rheumatism ...	...	...	...	...	...	...	...	...	...	...	2
Cervical Adenitis	...	...	...	...	...	...	...	...	...	...	
Nervous Debility	...	...	...	...	...	...	...	...	...	...	6
Congenital Paralysis	Right Foot	...	...	...	...	...	...	...	...	...	1
Muscle Dystrophy	...	...	...	...	...	...	...	...	...	...	1
Spina Bifida ...	...	...	...	...	...	...	...	...	...	...	1
Congenital Dislocation of Hips	...	...	...	...	...	...	...	...	...	...	1
Spastic Paralysis	...	...	...	...	...	...	...	...	...	...	4
Old Poliomyelitis	...	...	...	...	...	...	...	...	...	...	2
Scoliosis	...	...	...	...	...	...	...	...	...	...	3
Observation	Tuberculous	Abdominal	Glands	...	...	...	...	...	...	...	1
Anæmia	...	...	...	...	...	...	...	...	...	...	1

The standard of cleanliness and clothing was good with the exception of four children, who I am afraid fall far below the standard and the lack of finance in the home cannot be made the excuse.

Ultra Violet Light. This treatment has continued for both resident children and out-patients, 640 treatments being given in all. One rather interesting feature arose when two children who have been treated with Ultra Violet Light and suffer from Asthma, said that during the holidays when the treatment was suspended they did not feel quite so well. One does not know whether any conclusion can be drawn from this.

Vitamins and Other Treatment. On arrival at school in winter, the children are given a drink of warm cocoa, milk being substituted in summer. Cod Liver Oil Emulsion is given as a daily routine, Iron pills, Adexocal and High Potency Tablets are given also. We have found that Adexocal is a great help in the case of the children who are prone to chilblains.

Shower Baths. These are given daily after outdoor games and physical training. It is to be feared in many cases they take the place of ordinary baths, which should of course be given daily at home.

Minor Ailments. The Minor Ailments Clinic is held every morning, an average of 350 cases being dealt with per month.

Types of ailments dealt with are :—multiple abrasions, sprains, boils, septic fingers, heels and toes, eye complaints, sore throats, otorrhoea, impetigo, infantile eczema and minor burns. The child who had the tracheotomy tube s progressing favourably following the removal of the tube by Mr. Monro and closure of wound last July.

We have used the Mass Miniature Radiography Unit again as in previous years, each child being X-Rayed on admission and again yearly during their stay in the school. During 1955 we had three children recalled for further X-Ray, all with satisfactory results.

During the year we had two accidents. Two children fell and put their arms through plate glass doors, and sustained severe cuts of arms which were itreated at the Memorial Hospital,

All children are weighed once per fortnight, so a close watch is kept on growth.

Barnard School for Educationally Sub-Normal Pupils

At the end of the year, 58 children were in attendance. During the year, 17 were newly admitted, 1 re-admitted and 1 transferred from York. Of those leaving, 6 left on attaining 16 years of age and 1 left the town. 1 boy died as a result of a road accident.

54 routine, 30 special and 8 re-inspections were carried out.

Nursery Schools and Classes

276 routine inspections were carried out in the above schools. 39.1% were classified as Nutrition "A" (Good) and 60.9% as "B" (Fair).

62 special and 45 re-inspections were also seen.

Miscellaneous Examinations

193 teachers, clerks and others were examined and certified fit to commence duty, to enter training college, or to return to duty after prolonged illness.

301 children were examined and certified fit to take up part-time employment or to take part in entertainment.

CHILDREN ADMITTED TO HOSPITAL

Diseases of the Ear, Nose and Throat

For removal of tonsils and adenoids	...	...	...	...	...	151
Otitis Media and mastoid infections	...	...	...	...	...	18
For treatment of sinusitis	...	...	...	...	...	39
For treatment of other disorders	...	...	...	...	...	12

Diseases of the Eye

For operative correction of squint	...	...	...	...	...	15
Other conditions	...	...	...	...	...	5

Acute Surgical Conditions

Acute appendicitis	...	...	...	...	...	46
Osteomyelitis and periostitis	...	...	...	...	...	5
Other acute conditions, including suppuration	...	...	...	...	...	7

Injuries

Burns and scalds...	...	...	...	...	...	8
Fractures	...	...	...	...	...	17
Other injuries	...	...	...	...	...	23

"Cold" Surgical Conditions

For orthopaedic procedures, various	...	...	...	...	...	16
For repair of hernia	...	...	...	...	...	10
Genito-urinary conditions, various	...	...	...	...	...	13
For other surgical investigations and treatment	...	...	...	...	...	13

Specific Infectious Diseases

Scarlet Fever	...	...	...	...	...	...	...	...	2
Measles	...	...	...	...	...	...	...	...	7
Meningitis—not tuberculous	...	...	...	...	...	...	...	...	3
Poliomyelitis	...	...	...	...	...	...	...	...	1
Paratyphoid Fever	...	...	...	...	...	...	...	...	1
Streptococcal and other forms of tonsillitis	...	...	...	...	...	...	...	...	2
Others, including pneumonia	...	...	...	...	...	...	...	...	7

HANDICAPPED CHILDREN

Blind and Partially Sighted. One is in a Residential Special School and one is awaiting admission.

Deaf, Partially Deaf and Defective Hearing. 2 are in Residential Special Schools, 5 travel daily to Middlesbrough School for the Deaf and 128 attended special classes for lip reading.

Delicate. 74 are in attendance at the Open Air School, 1 is in a Residential Special School, 3 are in Sanatoria, 5 are excluded from school attendance and 31 are in attendance at ordinary schools, 4 of whom are awaiting admission to the Open Air School.

Physically Handicapped. 4 are in Residential Special Schools, 3 are in Orthopaedic Hospitals, 22 are in attendance at the Open Air School, 7 are excluded from school attendance, of whom two are receiving home tuition and 34 are educated in ordinary schools.

Educationally Subnormal. 6 are in Residential Special Schools, 50 are in attendance at Barnard School, 6 are in ordinary schools and of these 4 are awaiting admission to Barnard School and 1 to a Residential Special School.

Epilepsy. 1 is at the Open Air School and 3 are in ordinary schools.

Maladjusted. 4 are in Residential Special Schools.

Multiple Defects. 8 are in Barnard School, 5 at the Open Air School, 1 in a Sanatorium and 1 is at home.

OPHTHALMIC CLINIC

The School Ophthalmologist, Dr. A. McGarrity, reports as follows :—

During 1955 there were 464 refraction cases, a rather greater number than that of the previous year, probably accounted for by the fact that more children were picked up at eight years in need of testing. Of those examined, 387 were found to require glasses ; 49 had squints and of these 8 were advised to cover up the better eye and kept under observation ; 5 were referred to the Memorial Hospital for training and operation was carried out in 4 of these.

Four cases are perhaps worthy of special note.

1. A girl, on routine examination, was found to have damage to her left macula as a result of a previous injury.
2. A detachment of retina in a myope which however had settled down and operation was not recommended. These two cases were seen by Mr. Wilkie and two others were reported on by him.

3. A case of disinsertion of the retina due to injury with a bow and arrow was operated on by Diathermy with some degree of restoration of vision.
4. A child with a white mass in the pupil which was seen for the possibility of a tumour but was found not to be so, but due to hæmorrhage following Whooping Cough and had caused damage to the eye and a cataract to develop.

In addition, 41 cases were treated, which included conjunctivitis, blepharitis, styes, foreign bodies and other external eye conditions.

DENTAL REPORT

The Principal School Dental Officer, Mr. J. L. Liddell, has reported as follows :—

The Dental Service was augmented during the year by the temporary appointment of Mrs. Clarke, who resigned after six weeks on the staff. Mr. McAra was appointed in a permanent capacity on the 29th August. The result is shown by the increased amount of work done in the year.

Another addition to the Staff was Miss Allen, who commenced duties on November 14th, as Dental Clerk.

It is hoped to undertake orthodontic work next year. These cases in the past have been referred to private practitioners as pressure of work did not allow the time necessary to deal with them. In certain cases irregularities can be treated by extraction. These have always been dealt with by the School Dental Officers.

I am indebted to Mr. McAra, Dr. Dingle, Miss Langhorne and Miss Allen for their co-operation.

CHILD GUIDANCE

The Educational Psychologist, Dr. L. F. Mills, reports as follows :—

1. Staff

Mr. H. B. Jones, who was educational psychologist from August, 1951, took up a new post in Perthshire on the 1st January, 1955. Dr. L. F. Mills arrived to take up the vacant appointment on the 1st February, 1955, thus the Clinic was without the services of an educational psychologist during the month of January.

Dr. W. Hinds continues as consultant psychiatrist and Miss M. M. Frost as secretary.

Miss J. W. Emery, a social worker, who was appointed on a part-time basis in August, 1954, left to take up a full-time post with the Leicester Family Service Unit at the end of October, 1955. All possible steps are being taken to fill the vacancy.

2. Case Work

TABLE I

Year Ending	No. of Cases opened			No. of interviews with Children	No. of interviews with Parents
	Boys	Girls	Total		
31-12-55 ...	76	52	129	1294	929
31-12-54 ...	71	59	130	1263	843

TABLE II
Waiting List Position

Year Ending	Awaiting Initial Investigation	Initial Investigation Completed but Awaiting Treatment
31-12-55	4	4
31-12-54	1	7

For nine months of the year, the Clinic case team, comprising psychiatrist, psychologist and psychiatric social worker, was at full strength. The result was that although two fewer cases were referred than in the previous year, the number of children and parents interviewed was somewhat greater. Furthermore, it was possible with the full team to increase the amount of time spent with children and parents and to see them more frequently during the early stages of treatment. This produced a greater initial response and numerous cases were brought to a successful conclusion in a comparatively short time. A more detailed analysis of the treatment position is given in section 6.

As is accepted as a normal state of affairs, considerably more boys than girls were referred to the Clinic during the year.

3. Sources of Referrals during 1955 compared with 1954

TABLE III

	1954	1955
Schools	40	42
School Medical Service	37	34
Parents	16	19
Family Doctors	11	7
Education Authority	8	19
Probation Officers	1	1
Youth Employment Officer	3	2
Residential Children's Homes	7	1
Hearing Clinic	6	3
Totals ...	129	128

The above figures show that the sources of referral were much the same for 1954 and 1955. The number of parents referring directly increased slightly and a scrutiny of Clinic reports for earlier years indicates that the figure for 1955 is the highest so far recorded. It was pleasing to note that a number of these referrals were the direct result of talks given in schools to parent-teacher associations.

The number of cases of enuresis, referred mainly by the School Medical Service, declined from an average of 23 over the past 4 years to 17.

4. Causes of Referral in 1955

An attempt was made to group the cases under the headings by which they were originally referred to the Clinic, but as these proved too numerous it was found necessary for the sake of simplicity in presentation to reduce them to five categories which are defined below.

(a) Educational and Vocational

This category concerns mainly the cases referred for lack of educational progress where the cause appeared to be low intelligence and where the educational retardation was sufficient to warrant a decision being made with regard to special education. Also placed in this category were the cases referred for general educational and vocational advice.

(b) Behaviour Disorders

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour and romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

(c) Nervous Disorders

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness and who dread going to school.

(d) Habit Disorders

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

(e) **Organic Disorders**

Whereas the disorders described above are in general physical expressions or symptoms of nervous tension, in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal chord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are almost always under medical surveillance.

Causes of Referral in 1955—TABLE IV

	Educational and Vocational	Behaviour	Nervous	Habit	Organic	Totals
Boys ...	17	25	17	16	1	76
Girls ...	19	10	12	8	3	52
Totals	36	35	29	24	4	128

In the 'Educational' category 25 of the children referred were cases of severe educational retardation. This number represents a substantial reduction of the 1954 figures, when there were 36 such cases but any conclusions from this fact would seem unwise, as the referrals for severe educational retardation appear to vary considerably year by year. The recommendations made with regard to the 25 children referred in 1955 were that 13 should continue at a normal school, 9 should go to Barnard Street School, 1 should go to a residential special school and that 2 were ineducable.

In the other categories, behaviour problems seem to have increased somewhat as compared with the previous year, and 15 children could be described as showing behaviour difficulties to the extent of being largely unmanageable at home and sometimes at school. Delinquency accounted for 14 referrals, though only in 3 of the cases concerned were the children brought before a Juvenile Court.

Enuresis appeared as a condition in 26 children referred under all categories and this is a reduction as there were 39 enuretics recorded in 1954. There were 8 cases of speech difficulty as compared with 12 in the previous year.

5. Action Taken on 1955 Referrals

The action taken can be placed under three headings which are as follows :

Advice : This is generally a report of assessment or of full scale investigation to the Chief Education Officer, the Head Teacher or the parent on how to proceed with a relatively simple, straightforward problem.

Advice and Placement : This involves in addition to the above a recommendation for placement in the school most suitable for the ability and aptitude of the pupil concerned.

Treatment : This may be psychiatric or educational and may vary from occasional check-up interviews to weekly attendance. It may be direct, through interviews with the child, or indirect, through interviews with the parent and, if necessary, general environmental adjustment.

TABLE V

Darlington Cases.

	Closed in 1955	Still Open	Totals
Advice... ..	16	6	22
Advice and Placement ...	34	2	36
Treatment	11	59	70
	—	—	—
Totals ...	61	67	128
	—	—	—

There is an appreciable difference between the figures here and those shown in the corresponding table for last year, in that more cases were closed during 1955 (61 as against 50 in 1954) and, because of the relatively speedy and successful conclusion of a larger number of cases, a smaller number required to be carried forward (67 as against 80 in 1954). This improvement was undoubtedly due to the contribution made during 9 months of the year by the presence in the Clinic team of a social worker.

6. Treatment Situation

The successful outcome of any case dealt with by the Clinic depends on an attitude of mutual co-operation between Clinic Staff on the one hand and child and parents on the other. This is particularly true when treatment over a protracted period is considered necessary, and although it is the Clinic policy to persevere with a treatment case until a satisfactory resolution of the problem is achieved, it is not always possible to do so. Factors beyond Clinic control intervene and cases have reluctantly to be closed. We are happy to report that in 1955 only 7% of the treatment cases with Darlington children were closed before being satisfactorily concluded.

TABLE VI

Darlington Cases.

	Cases Closed		Continuing to 1956	Totals
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Opened in 1955 ...	8	3	59	70
Brought forward from previous years	42	9	45	96
Totals ...	50	12*	104	166

* 4 left district ; 1 approved school ; 7 non-co-operation parents.

7. Work done in Schools

This section of the work of the Clinic devolves entirely upon the Educational Psychologist and consists of visits to check on the progress and behaviour at school of numerous children attending for treatment at the Clinic, the assessment of intellectual and educational levels at the request of Head Teachers, talks to parent-teacher associations and visits to various educational and social functions connected with individual schools.

During the year, the educational problems of 125 children (79 boys and 46 girls) were investigated and in the cases of 84 of them (53 boys and 31 girls), full mental and educational testing was carried out and detailed reports prepared for the guidance of head and class teachers.

8. Summary of Case Position on 31.12.55

Cases from year	Closed in 1955	Still Open
1951	—	1
1952	8	1
1953	21	10
1954	69	40
1955	61	67
Totals ...	159	119

9. Conclusion

In conclusion it only remains to thank the Education Office, Head Teachers, the School Medical Officer and the various social services caring for children in Darlington, for their continued support and co-operation which has contributed much to the completion of another successful year's work.

PARTIALLY DEAF CHILDREN

Mrs. Muriel Shepherd, Teacher of the Partially Deaf, reports as follows :—

Table to show types of cases dealt with

Total Number tested	Severely deaf	Hearing Defect requiring Speech and L.R.	Hearing Defect requiring L.R. only	Speech Defect requiring training	No training required
247	4	63	64	60	56

Severely deaf children

The four children mentioned here are under five years of age and attend for one session per week for training in speech and lip-reading prior to their admission to a School for the Deaf. During the first six weeks parents are encouraged to attend with the children so that they can help with training. A special effort is being made to get hold of deaf children at the earliest possible age, training can be started at eighteen months, in view of this, Health Visitors are asked to notify the Teacher of the Deaf of all children born of deafened parents and those suspected of deafness.

Children with Hearing Defects

These vary greatly from five children whose hearing is so defective that they require hearing-aid training, to a large group whose hearing defect is quite mild and following a twelve week course in lip-reading, they are able to hold their own in school.

Children with Speech Defects

The Teacher of the Deaf continues to give speech training except in severe cases which are treated at Stockton Speech Clinic.

Testing

One session per week is given to children referred from the School Medical Officer, Health Visitors, Child Guidance Clinic, Head-Teachers and parents.

After-School Care

All children who suffer from a degree of hearing above 40 decibels are advised about the type of job most suitable for them and when a hearing-aid is worn, a letter is sent to the future Employer advising him about the best conditions under which the child can work.

The children are encouraged to join the Lip-Readers' Club and attend adult lip-reading classes where necessary. The club provides a social life specially adapted to the needs of these young people.

REPORT ON PHYSICAL EDUCATION

The last full report on Physical Education was published in 1950, and the report which follows is an assessment of the developments which have taken place in the intervening years :—

Primary Work

The first "Darlington Agility Apparatus" was pioneered by my predecessor in 1947 and is still in regular use in Schools today. It has the great advantage of being firmly fixed into the ground and is now supplemented by portable apparatus made from light alloy materials. Ladders, poles, trestles and folding climbing frames can be easily assembled in various ways by quite small children and are available both indoors and in the playground.

There is no doubt that the provision of apparatus has revolutionised our Primary School Teaching Methods, for the fundamental principle of its use is that each child has freedom to choose his activity and is encouraged to find his own way of moving. There is no doubt also that such apparatus is a great incentive to children to bring plimsoles to school, as safety precautions forbid the use of apparatus to children who are not suitably dressed. Much remains to be done, however, in convincing parents of the very real value of doing active movement in the minimum of clothing, and young children are all too often sent to school forbidden by their mothers to take off even their pullovers.

New theories of movement, based on individual experience in time, weight and space were originally introduced into this country as dance forms but have begun to have a marked influence on primary teaching.

Representatives from each primary school have attended two sessional courses on new methods, and demonstration classes, which have been taken in various schools have had audiences of between 60 and 100 teachers each.

Special Schools

The introduction of agility apparatus has provided a great stimulus to the pupils of Barnard School. The Headmaster reports that, where previously children had difficulty in organising themselves during recreation times and in working independently during lessons, the provision of climbing frames, mats and benches has encouraged constructive activity.

At Salters Lane Open Air School, work is always of necessity individual because of the varying degrees of physical disability suffered by the pupils and apparatus of the "Scrambling" kind at various heights, affords the immense satisfaction of almost normal agility work to children who are unable to walk freely. In fact, the Headmistress reports that some of the most severely crippled children show the greatest confidence in using the apparatus. A walking chair on casters has been provided and children who cannot stand unaided are able to propel themselves quite freely about during lessons.

Secondary Schools

Perhaps the greatest development in Secondary Physical Education since the war has been in the field of athletics, where again the stress can be laid on individual progress and effort. The additional playing field space which is now available has enabled most schools to mark out a running track and jumping pits were provided last year for four schools.

Several teachers have attended Durham County Courses under the National Coaching Scheme and with the increased information on techniques and training methods which is now available, there is no danger of the over-strain of the bad old days.

Darlington Schools have been consistently successful in the County Championships and have supplied several competitors each year for the County Teams at the Schools National Athletic Championships.

Playing Fields

Since the publication of the last report, four new primary schools have been opened, each with its own playing field. Fields have also been developed at two other primary schools, one secondary modern school and the eleven acre playing field at Salters Lane is shared by the boys of Gladstone Street and Albert Road Schools. Other schools are able to use playing fields within walking distance, but there still remain eight schools who have to play all their games in the Corporation Parks.

School Swimming

Figures available for the last complete swimming year show that 64,442 attendances were made by Darlington School Children during school hours. 17 Primary Schools, Barnard Special School, 8 Secondary Modern Schools, The Technical School, the Girls' High School and full-time Domestic Science and Commerce Students from the Technical College take part in the scheme.

During the winter months, the Kendrew Pool is used on nine half days and caters for approximately 1,500 children a week. When the Gladstone Pool is open during the Summer Session, the Kendrew Pool is reserved for School classes each weekday and groups of good swimmers are also taken in the deeper bath. The Summer average for 1955 was 2,100 children a week and it is clear that, allowing for the extra teaching space available, most schools are able to maintain a good—all the year round attendance.

Seven Secondary Schools hold a Swimming Gala during the Summer term, and the fine performances of the good swimmers show the benefits of regular attendance throughout school life.

Royal Life Saving Society Awards

Records for the year show that the following awards were gained by Secondary school pupils :—

- 17 Intermediate Certificates.
- 12 Bronze Crosses.
- 51 Bronze Medals.
- 5 Bars to the Bronze Medal.

APPENDIX TABLES

TABLE I. Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

A. PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected:—

5— 6 years	...	...	...	...	...	1,130
10—11 years	...	...	...	...	...	1,310
14 years +	...	...	...	...	...	998
Total						3,438

Additional Periodic Inspections...	...	...	...	...	...	234
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Grand Total	...	...	...	...	...	3,672
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B. OTHER INSPECTIONS.

Special Inspections	...	...	...	...	...	1,611
Re-Inspections	...	...	...	...	...	325
Total						1,936

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
5— 6 years	4	86	89
10—11 years	92	76	162
14 years + ...	63	22	81
Total	159	184	332
Additional Periodic Inspections...	22	125	129
Grand Total	181	309	461

TABLE IIA. Return of Defects found by Medical Inspection

Defect Code No.	Disease or Defect. (1)	PERIODIC INSPECTIONS. No. of defects.		SPECIAL INSPECTIONS. No. of defects.	
		Requiring treatment (2)	Requiring to be kept under observa'n but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observa'n but not requiring treatment (5)
4	Skin	5	4	31	4
5	Eyes a. Vision	181	2	27	—
	b. Squint	30	11	23	13
	c. Other	3	1	26	1
6	Ears a. Hearing	5	6	—	1
	b. Otitis Media	6	—	6	—
	c. Other	11	4	16	—
7	Nose or Throat	26	52	33	41
8	Speech... ..	12	10	13	19
9	Cervical Glands	2	1	2	3
10	Heart and Circulation	29	10	42	28
11	Lungs	37	19	19	28
12	Developmental—	.			
	a. Hernia	2	1	5	1
	b. Other	—	2	4	8
13	Orthopaedic—				
	a. Posture	—	4	1	9
	b. Flat Foot	3	33	3	63
	c. Other	37	17	30	21
14	Nervous System—				
	a. Epilepsy	2	2	2	1
	b. Other	1	2	5	1
15	Psychological—				
	a. Development	57	1	25	11
	b. Stability	11	29	45	40
16	Other	59	12	156	32

TABLE IIB. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (good)		B (fair)		C (poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
5—6 years ...	1,130	263	23.3	860	76.1	7	0.6
10—11 years ...	1,310	405	30.9	907	69.1	—	—
14 years +	998	368	36.9	628	62.9	2	0.2
Additional Periodic Inspections...	234	69	29.5	165	70.5	—	—
Total ...	3,672	1,105	30.1	2,558	69.7	9	0.2

TABLE III. Infestation with Vermin

- (i) Examinations in the schools by the school nurses or other authorised persons ... 26,867
- (ii) Individual pupils found to be infested ... 687
- (iii) Individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... —
- (iv) Individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... —

TABLE IV. Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1. Diseases of the Skin (excluding uncleanness for which see Table III).

						Number of cases treated or under treatment during the year	
						by the Authority	otherwise
Ringworm—	(i) Scalp ...	...	...	...	...	—	—
	(ii) Body ...	...	...	...	...	10	1
Scabies ...	...	...	...	...	...	1	—
Impetigo ...	...	...	...	...	...	49	4
Other skin diseases	...	...	...	...	...	13	6
Total ...						73	11

GROUP 2. Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint...	41	5
Errors of refraction (including squint) ...	464	—
Total ...	505	5
Number of pupils for whom spectacles were :		
(a) Prescribed	387	—
(b) Obtained	277	—

GROUP 3. Diseases and Defects of Ear, Nose and Throat

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear... ..	—	18
(b) for adenoids and chronic tonsillitis...	—	151
(c) for other nose and throat conditions	—	60
Received other forms of treatment	57	
Total ...	57	229

GROUP 4. Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals	33	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	37

GROUP 5. Child Guidance Treatment

	Number of cases treated	
	In Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	224	—

GROUP 6. Speech Therapy

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	*16	—

*By arrangement with another Authority.

GROUP 7. Other Treatment Given

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	672	10
(b) Other (specify)		
1. Burns and Scalds	—	8
2. Fraetures	—	17
3. Injuries	—	23
4. Various surgical repairs ...	—	89
Total ...	672	147

TABLE V. Dental Inspection and Treatment Carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic	4,577
(b) Specials	699

Total (1) ...	5,276
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(2) Number found to require treatment	2,458
(3) Number offered treatment	2,458
(4) Number actually treated	2,331
(5) Attendanees made by pupils for treatment ...	3,465
(6) Half-days devoted to: Inspection	39
Treatment	498

Total (6) ...	537
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(7) Fillings: Permanent Teeth	2,459
Temporary Teeth	4

Total (7) ...	2,463
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(8) Number of teeth filled: Permanent Teeth ...	2,459
Temporary Teeth ...	4

Total (8) ...	2,463
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(9) Extractions: Permanent Teeth	584
Temporary Teeth	1,838

Total (9) ...	2,422
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(10) Administration of general anaesthetic for extraction	808
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(11) Other Operations: Permanent Teeth ...	186
Temporary Teeth ...	—

Total (11) ...	186
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